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[*The following article is the first chapter of a book which the late Ella Sharpe was engaged in writing at the time of her death entitled ' Talks to Students of Psycho-Analysis '.*]

Both the essential and the desirable qualifications for a student who wishes to become a psycho-analyst are implicit in the nature of psycho-analytical work itself. Intelligence, academic qualification, or a standard of culture the equivalent of such qualification is the initial equipment required of an applicant for training in psycho-analysis.

Freud's discoveries began with his investigation into the meaning of abnormal states of mind. He finally encompassed the whole field of man's mental and emotional development. The concepts he formulated are basic in the science of psycho-analysis, the data from which they arose being supplied not only by the abnormal but by the so-called normal including himself. He evolved a specific technique for acquiring and assessing his data. Psycho-analysis is therefore the study of man, and in such a study abnormal states of mind find their place but the ' normal ' is as much the object of inquiry as the ' abnormal '.

An essential qualification for any student is therefore an insatiable curiosity concerning man's mental and emotional life.

Students gravitate to psycho-analytic study by two main routes. The objective one is taken by the scientist, doctor, sociologist, educationalist, because psycho-analytical science offers to them a possibility of further understanding the obstinate problems of human nature with which they are constantly confronted in their work.

The subjective route is taken by those who find obstinate problems within themselves for which they seek understanding and solution.

Psycho-analytical research and practice needs students arriving by both paths.

Another essential qualification for the would-be psycho-analyst is implicit in the foregoing considerations. The scientific observer accustomed already to collecting and scrutinising data from external objects, must, if he would understand human nature include himself as an object of inquiry. He may intellectually accept the concepts of psycho-analysis but there can be no inner conviction concerning their psychical truth until through the subjective experience of a personal analysis he is convinced of their universality. That is he arrives finally at the same place from which the student starts who comes first to psycho-analysis in order to understand his own inner disharmony. The latter student is called upon to proceed through the discipline of facing his inner conflicts to the objectivity which characterises the scientific spirit.

It is clear from the foregoing that I believe, necessary as they may be for the equipment of the student, no university degree in medicine or any other branch of learning is a guarantee of capacity for psycho-analytic work. The richer the store of knowledge, the more disciplined the mental processes, potentially the more chance the student has of becoming an expert in his work, but it is only potentially.

The capacity to attain a measure of self-knowledge and the changes this entails in the fundamental attitude to life alone make such potentialities capable of realization.

The authority and power that expert knowledge gives to its possessor is in the case of a genuine psycho-analyst inseparable from humility bred from facing psychological truth. ' There,' said a famous divine referring to a sinner, ' There, but for the grace of God, go I '. The psycho-analyst says, confronted by the so-called abnormal or asocial persons, ' There, but for fortunate psychological and physiological adjustments which are not due to my own superior virtues, go I '.

The psycho-analytic approach to patients precludes all valuations of them other than those of a psychological order. The practitioner's power of understanding the patient lies in his knowledge of the human nature which they share in common.

Two extreme views are at times expressed concerning the necessity or not of the psycho-analyst holding a medical qualification. Some claim psycho-analysis as a branch of medicine and see it only as such. They naturally insist that its practice should be confined to the medically qualified. On the other hand there are medically qualified practitioners who do not hesitate to regard their medical training almost as a waste of time when considered as a preparation for a training in psycho-analysis.

If psycho-analysis is a science that concerns the whole field of mental and emotional development then it follows that every psycho-analytically-trained observer can be of value. Since all human problems are ultimately psycho-physical the science imperatively needs the services of the trained medical man. It needs the biologist, physiologist, neurologist. Equally it needs the chemist and the physicist. But likewise, the historian, the anthropologist, the sociologist, the educationalist, the trained observer of infants, children, delinquents, all are indispensable for the building up of an unassailable body of truth concerning psychological development. The field is vast, it cannot be claimed by one specialized type of research worker, just as any specialized body of scientific truth must ultimately find its relationship to a whole greater than itself. *Mens sana in corpore sano.* Medical science in its development has made prophylaxis against much bodily disease possible. For mental unhappiness we need not only specific forms of cure but also increasing knowledge of all the many factors that produce it. Only so will prevention be possible, not only for the individual but for the community.

Because psycho-analysis is a research into the hitherto inaccessible part of the mind from whence proceeds the fateful irrational behaviour that characterizes our intractable human nature it is the most fruitful field of exploration for all those who labour in hope of the evolution of a happier world.

Within the ranks of trained psycho-analysts the need for pooling of data and for discussion thereon is constant. This is due to the limitations of any single worker. A brilliant technician is not necessarily possessed of the scientific type of mind needed for formulation of theory. On the other hand the gifted theorist may not be equally gifted in evoking from his patients the wealth of data that one who is pre-eminently a technician may possess. All verified advances in psycho-analytical theory will be based on the patient team work of many qualified workers.

The student in training is required to study intensively and extensively the theory of psycho-analysis in the expositions of Freud and other outstanding research workers. The acquisition of practical technique can only be achieved slowly, and indeed one can say that technique is never 'learnt'. The best technicians are those who remain students, growing more sensitive and alert as experience increases, more subtle and easier in their handling. If this takes place stereotypy of manner, of procedure, of 'outlook' and 'inlook' will be avoided. A new patient will present a new field of discovery rather than an opportunity for application of acquired knowledge, or a repetition of a crystallized technique.

The student in training is required to read expositions of case histories. He attends seminars where more advanced students give accounts of their first experiences of analytical work. In course of time if it is clear the student is fitted for the work and his own personal analysis progresses well, he is given a suitable patient to analyse under the guidance of a fully qualified practitioner. Such 'controlled' work is carried on with two or three patients for two years, during which, if the student is fitted for the work at all, he acquires confidence in his own ability to analyse and qualification to practise is the end of his candidature. Acquiring a finer technique will depend upon preserving the student attitude towards experience, flexibility of mind and ability to profit through recognition of failure.

The partial assimilation of the technique of the analyst conducting the candidate's own analysis occurs unconsciously. In so far as the analyst's technique is genuinely psycho-analytical it at first appears that this fact is encouraging, but one must remember that subjective adoption of the analyst's technique involves the 'transference' phenomena. 'Transference', either of a positive or negative infantile type, clouds objective judgement. It is therefore the analysis of the candidate's infantile transference to his analyst that will free him from automatically copying, or on the other hand automatically rejecting the technique used in his own analysis. Through the resolution of transference affects the candidate will find himself firmly established on psycho-analytical principles of interpretation with the capacity to adopt an objective attitude to his own technique. He will then demand of himself the reasons why he interprets as he does, query the timing of his interpretations, or conversely why he withholds interpretations. He will be the better analyst if his inquiry reveals subjectivity instead of rationalization. By such means he will arrive at an approximation to a scientific criterion in evaluation of his technique.

The insistence upon the necessity for the would-be psycho-analyst to attain knowledge of himself through his own analysis before he can hope to become a valid observer and interpreter of other people's emotions and actions is due to one major fact. The psycho-analyst has only one tool with which to do his work, namely his own mind. If he knows nothing more about this tool, his mind, than what his conscious rationalizations tell him, he will be in somewhat the same position as a primitive explaining the mechanism of a radio heard for the first time. Scientific observation and inference is impossible, in the latter case, but no less impossible is observation and inference approximating to scientific accuracy when we interpret another person's motivations by our minds of which we know no more than the primitive understands the mechanism of the radio. The primitive is dominated by his fear, superstitions, and magical phantasies, faced by what he does not understand in reality.

We so often eschew scientific inquiry and investigation into the dynamics that produce the phenomenon of a human being, and prefer the explanations that accord with our hopes, dreads, superstitions, and magical systems. Unless we know something about our own investigating minds, know the tool with which we work, know how to use it, know its peculiarities, how to allow for and how to correct them our work will be but guess work. The external world we look upon is only correctly seen by undistorting eyes. We go to an expert oculist to provide us with correcting lenses when our eyes give us blurred or inaccurate impressions of the external scene. The personal analysis of the would-be analyst has the same purpose in the realm of psychical realities ; namely to enable one to achieve accurate insight into one's self first of all. Upon that depends insight into the minds of others, an insight undistorted by the beams in our own eyes of which we were previously ignorant. Do not so mistake my meaning as to think that personal analysis will produce a person without any ' beams ' in his eyes, or that it is ever possible for him to attain such olympian insight that he has perfect knowledge of his own or his patient's psychical make-up. Psycho-analysis is a science, not a religion. The standard we set for ourselves in our work must be scientific rectitude, a constant endeavour to find the psychological truth, to sift evidence, to abandon false trails, to hold nothing as proven or unproven until all the available data has been accumulated. The ability to wait, to suspend judgement, are as imperative as the ability to interpret immediately if the patient's state of mind necessitates it. Both these aspects of technique demand from the technician freedom from unconscious anxiety. Conscious anxiety is a half-way house to understanding and resolution of it, but unconscious anxiety can drive the technician to premature interpretation, to an inability to keep the patient's pace. It can make him delay when he should speak and speak when he should be silent. Unconscious anxiety can make a technician constantly need proof that his patient improves, which means that the analyst has not really achieved a psycho-analytic attitude, nor a sufficiently comprehensive grasp of the nature of the task involved in the process of psycho-analysis. The ability of the psycho-analyst to analyse is what is required of him. If he can do this and the patient is rehabilitated the psycho-analyst can take credit to himself for setting in motion curative processes within the patient. He cannot claim credit for those processes themselves. The doctor and the midwife play their part in childbirth, but it is the patient who has made the baby. We cannot cure a patient by psycho-analytical treatment, help him towards a psychical birth, except through the life forces within himself. Our analysis is only dynamic when it liberates bound up energy which through its very release must make some new synthesis, which appears in the patient as a re-adjustment in his psychical life. This is much more likely to occur imperceptibly over a period of time than in some sudden dramatic fashion. Freedom from unconscious anxiety on the part of the technician allows him to make his timing of interpretation and his expectation of results in terms of an objective problem unvitiated by his own urgencies.

One manifestation of the half-fledged analyst who has not achieved a comprehensive view of the work he is engaged upon is shown in the use of such phrases as ' not completely analysed ' ' not half-analysed ', ' fancy an analysed person behaving like that '. Such phrases betray an unconscious standard of perfection in the mind of the speaker and has little relationship to the facts of human nature. He is equating ' fully analysed ' with ' perfect ' and ' perfection ' is not the goal of analytic endeavour. Moreover, the equation of ' analysed ' with ' perfect ' betrays a standard far removed from the scientific attitude needed for truthful observation.

One cannot remind oneself too often that psycho-analysis is not a religion but a science, that psycho-analysts are not a race apart and different from non-analysts. If other people believe them to be engaged in magical rites, whether of the black or white variety, all the more reason why they themselves should indulge in no such myth as the ' fully analysed '.

It is common sense to think that a psycho-analyst should have resolved through analysis his own major conflicts sufficiently not only to be able to analyse his patients, but also that he has established in his character endurance and stability upon which his patients can rely with confidence. This is a commonsense standard not a ' perfection ' myth. It allows us to make other acknowledgements. Some of the greatest contributions to science and art have been made by men whose private lives have been tragic through unresolved conflicts, indeed the greatness of their work is often the measure of the strife from which it evolved. It is possible for a psycho-analyst just as much as for a member of any other calling to make a brilliant contribution to the science through his own gifts of insight and at the same time to be an unstable personality. As with many a painter, poet, or great scientist his very brilliance is inseparable from his deep malaise, his insight coming from depths of the personality inaccessible to the more robust and protected psyche. We accept with gratitude what the children of genius give to the world. ' Not analysed ', ' not half analysed ' in reference to such personalities is a comment equivalent to the gossip at a parochial tea party.

The commonsense standard asked of a psycho-analyst arises out of the practical work he undertakes to do with other people. It requires not only insight but reliability of character upon which

patients can depend. To say that such an analyst will still have complexes, blind spots, limitations is only to say he remains a human being. When he ceases to be an ordinary human being he ceases to be a good analyst.

An adequately analysed candidate will have insight into some of the deeper causes of his choice of vocation and the nature of the gratifications he enjoys in his pursuit. There is a definite reason for this inquiry both in the interests of the would-be psycho-analyst and his prospective patients. The first obvious one is to ascertain whether the desire to be a psycho-analyst bears any relationship to genuine aptitudes, and intellectual powers are but one of the necessary aptitudes. The candidate's analysis may reveal that his psychical make-up is more adapted to work of a practical nature, as a teacher, a doctor with practical skills, an administrator of some kind, an artist in a definite medium, a painter, poet or writer. Those whose great desire accompanied by corresponding ability is to ' do something practical ' are likely to find themselves more satisfied playing other rôles than that of the psycho-analyst who must daily spend hours in patient listening to gain comprehension before anything can be ' done '. For this very reason the practice of psycho-analysis, certainly as a full-time occupation is clearly less suitable for young people than for those who have gained experience in actual living. Again the candidate's analysis may reveal that his choice of profession is activated by a desire to ' escape ' from a more active life rather than because of positive gifts for the work itself. He may make his choice of vocation because of unconscious psychical problems of his own. This need be no deterrent in the path of his becoming a psycho-analyst as long as these unconscious problems become conscious. Then there will be no danger of his practising psycho-analysis vicariously, i.e. curing others rather than himself, analysing others rather than being analysed.

The desire to cure, educate and reform, useful and valuable enough when employed in certain environments with specific people is not the motivating power that produces the most efficient psycho-analyst. Cure and re-education, or stated more analytically, psychical readustments happen as a result of the analytical process, not through the analyst's desire to cure and reform, but his understanding and ability to deal with his patient's psychical mechanisms such as repression, transference and the many forms of ego resistances.

Situations will occasionally arise during analysis when the practitioner is called upon to give guiding advice of a practical nature to his patient. In the analysis of adult psycho-neurotics such need seldom arises. The endeavour of the analyst is for the patient to be able to direct his own life. Sometimes however, with a patient faultily adapted to reality one may realize he is rushing into predicaments that may bring disaster before there is any chance of analysing him so that he can control his external situations. Here, the analyst if he has established a good ' en rapport ' is justified in giving counsel.

The analyst must be sufficiently analysed to enable him to detect and so consciously control any tendency to regard the patient as the ' bad self ' who needs reforming. He is not likely then to experience guilt reactions or anger when for the patient he in turn becomes the patient's ' bad self '. I once heard a young male doctor say with regard to his patients in hospital, ' They are like a lot of naughty children, they don't know what they are doing half the time, they've first got to be taught '. Fear of his own infantile aggression turned him into a disciplinarian. Unknown resentments against mother and nurses can very easily make an analyst become a strict mother and nurse to patients, just as one can detect a nurse or a teacher meting out the treatment to those under them that they themselves once resented. ' Counter-transference ' is often spoken of as if it implied a love-attitude. The counter-transference that is likely to cause trouble is the unconscious one on the analyst's side, whether it be an infantile negative or positive one or both in alternation. The unconscious transference is the infantile one and when unconscious will blind the analyst to the various aspects of the patient's transference. An analyst who is sufficiently analysed will not be afraid to recognize in himself signs that betray impatience, anger, embarrassment. He will note when he hesitates to give interpretations. Being human the analyst will feel disappointment and a sense of frustration at his best efforts being thwarted, but being aware, being able to analyse reactions in connection with the unconscious infantile imagos, his affects will not trouble him for long. We deceive ourselves if we think we have no counter-transference. It is its nature that matters. We can hardly hope to carry on an analysis unless our own counter-transference is healthy, and that healthiness depends upon the nature of the satisfactions we obtain from the work, the deep unconscious satisfactions that lie behind the reality ones of earning a living, and the hope of effecting cures.

Here are some of the unconscious desires that make for counter-transferences that thwart true analytical work and bias interpretation in terms of the analyst's own personality. An unconscious, unsatisfied oral demand on the part of the analyst (which may really be unsatisfied sexual desire) will make him impatient, over-anxious when the patient retains, withholds communication. The analyst's aggression can be aroused until his own attitude approximates to ' You shall ' with the inevitably reinforced resistance of the patient ' I won't '. And no words are necessary on the part of either patient or analyst to indicate this impasse. It is unconscious counter-transference. An analyst whose unconscious oral demand causes anxiety will be

irrationally pleased at a wealth of material provided by the patient, irrationally because the talker can so easily talk ' past ' the analyst and he be oblivious of what is happening. An unawareness of oral aggression will often result in an acute perception of the patient's greed which may well tend to the analyst's selection and concentration on one psychological problem, to the neglect of many others. This runs true of all other problems. A ' flair ' for accurate acute prognosis is surely based upon verity of experience, and indicates that paranoidal elements instead of producing a phantastic pathological creation are harnessed to realities. Nevertheless, or shall I say, it is just when the analyst is swift to see the problem another person is involved in he must all the more be aware that he could not have this knowledge but on the basis of his own experience. That is, it is one thing to see the problem in another person as a projection of something alien to the self, another to know the roots of the problem within, and ability to analyse depends upon the latter, while brilliance in diagnosis can sometimes be the limit of the analyst's power. It does not thereby mean ability to analyse the condition. This is the reverse of the difficulties experienced by those whose introjective mechanisms, not projective, are dominant. The absorption of the patient's problems into the self, which is necessary to a degree, may lead to a fusion of those problems with the same unmastered ones in the analyst. Hence the blind spots in the analyst render him helpless where they coincide with the patient's. The analyst needs true empathy, but he is impotent as an analyst if he becomes identified with the patient. It is something to hope for in the future when our science and art has evolved further that workers will be so much less afraid of themselves and of each other that it will be possible for a recognized specialization to take place. I mean that certain psychological trends make an analyst more fitted to deal with one type of case than another. Those with obsessional traits more pronounced are probably more handicapped in dealing with obsessionals than those whose mechanisms are not of this type. At our present stage we resemble rather the general practitioner who must do his best for all types of illness. On the other hand it may not work this way at all. An obsessional neurosis truly mastered and understood might give a practitioner facility in dealing with this disorder. Here is something to be found out by experience, vigilance, and honesty with one's self.

The unconscious satisfactions of an infantile type the analyst strives for in his work can thwart and prejudice his honestly conscious purpose.

There is one obvious one I have not mentioned. If the analyst has not worked out his or her libidinal infantile desires towards one or both of the parents, then the unconscious striving for actual sexual satisfaction may irrupt into conscious desire. I would say that no analyst ever fell in love with a patient and wanted a real sexual relationship but for one reason, namely the unworked-out infantile incestuous wishes accompanied by an unsatisfactory love life in reality. In such a case, the one honourable course is to break off the analysis and for the analyst to continue his or her own and to place the patient with another analyst. I have heard in the past of analysts who have married patients. It is not for us to pass judgement, if we know anything about human passion, but it is necessary to set ourselves the standard of conduct that depends upon *our deeper knowledge*. A patient is psychologically ill because he is libidinally and aggressively attached to his infantile imagos. A patient comes to be cured knowing nothing of the causes of his illness. The analyst consents to analyse him and should know what it involves, what the task is he starts upon. Sooner or later, as resistances are dealt with, the patient will transfer his infantile problems upon the analyst, will re-enact his past and strive for fulfilment of his unconscious desires, both aggressive and sexual, towards the analyst as the representative of his imagos. It is his prerogative to fall in love, to be angry, and his prerogative to use every defence to defend himself, to use every device he has evolved to gain his ends, and to defeat the analyst when he represents his enemy. This cannot be prevented. The analyst is dealing with the unconscious life, the unconscious the patient knows nothing about. The forces the analyst is called upon to understand are stronger than all the patient's ego desire to get well. If his ego were able to follow our instructions without let or hindrance there would be little need for him to seek help. A woman patient during analysis will reveal in connection with her analyst all her baby longings and grievances towards both parents and the other children, all her libidinal and aggressive phantasies. The analyst has to be strong enough, kind enough, and expert enough to help her to face and live through every disappointment of her childish hope and phantasy in the transference. It is like betraying a child to the analyst's own uses if he seeks consciously or unconsciously for positive libidinal gratification from the patient in the analytical situation. There is another equally unpropitious reaction, namely that of feeling gratification in the inevitable thwarting of the patient's sexual desires, a thing that can occur if the analyst still resents and is bitter about his or her unsuccessful love overtures to the parents. The love advances, the unconscious longings, the waiting, the obedience that succeeds the violence of infancy, still with the same hope of actual fulfilment, the analyst must see and understand, even if the patient is forty, as the problem of childhood. The analyst's task is the liberation of the psyche, against which every device will be used, and in this task the analyst must demand of him-

self that truly all he wants from the patient is the satisfaction of bringing about that psychical liberation.

The psycho-analyst in full practice may easily spend seven or even eight hours each day listening to patients' talk. What an extraordinary demand is made upon one sense channel! No one can become an effective practitioner unless he has to a high degree not only the desire to hear but the power to interpret what he hears. It is well for the analyst if he knows what it is that makes eight hours a day 'listening' worth his while. Monetary gain will only result if it is worth while to patients to talk to him, and that is dependent upon the analyst doing more than passively listening, namely interpreting the communication. Nevertheless there must be a fundamental pleasure in listening for one who chooses this vocation, not essentially different from the pleasure of those who enjoy music, in spite of the fact that the patients' communications are stories of discords.

There may be some gratification in listening to other people's troubles, their fears and sins and defiances. At least they are not ours! But any such gratification as this is not the motive power that makes a psycho-analyst. It is not sublimation. The psycho-analyst listens to understand, to find out, to track to their source if he is able the origins of the discords. Through words that are articulate and sensible enough the psycho-analyst hears the child crying in the night and with 'no language but a cry'. His pleasure is not in hearing the cry but bringing comprehension and explanation. Nor need we separate the analyst's pleasure in listening from the mastery of the dreads of his own infancy.

Sexual curiosity is as much a motive drive in the work of a psycho-analyst as it is in the work of doctors, nurses, scientific investigators, historians, novelists, and artists. Through personal analysis sexual curiosity is purged of its infantile characteristics, it is no longer of the 'peeping Tom' variety. Curiosity becomes adult and benevolent, because the psycho-analyst is not engaged upon a surreptitious gratification of his own immature sexuality. The knowledge of and mastery of his own infantile sexuality enables him to help unravel the tragic tangles that adults experience in their sexual lives due to this very immaturity.

Here are other considerations concerning the analyst and his general life. It is important that neither his financial nor analytical satisfaction should depend on one or two patients. He should not need to keep a single patient for these personal reasons, an unconscious exploitation of transference is inevitable. An adequate 'practice' or a part-time remunerative job of some kind is the solution of this problem.

While it is inevitable and rightly so that psycho-analysis should be one major satisfying and absorbing interest of a psycho-analyst's life, if good work is to be done, it should contribute to the fuller life of the analyst. He should not give his whole life to psycho-analysis. It is for the greater happiness and efficiency of the psycho-analyst if his life includes other interests, healthy libidinal satisfaction, and friendships that do not involve psycho-analytical interests. I have heard psycho-analysts say 'Oh, I find I can't talk to people who know nothing about psycho-analysis'. That is a phase most psycho-analysts experience and some get stuck there, stuck to their own detriment I believe. If the psycho-analyst loses 'the common touch', if he cannot mix with his kind and be an ordinary person without the itch to analyse friends and acquaintances he becomes the poorer and, I believe, pharisaical and precocious. We are wise not to loosen contacts with divers people who know nothing and care nothing about one's own absorbing interest. Such contacts are salutary, health giving, and revivifying.

For listening one must at times exchange seeing: films, works of art, architecture, landscape. For sitting one must at times exchange walking, riding, driving. Above all, to counterbalance the constant intake by the ears in analysis, or eyes in reading, the analyst needs to create, to write or paint or find a way of producing something to balance this intensive absorption of materials. Mutual conversations and discussion balance one-sided analytical relationships. These are no substitute for living challenging robust friendships on equal terms. These are two different things and the analyst needs both.

Leaving now the deep unconscious gratifications that our work can give, gratifications we must demand of ourselves that they be genuine sublimations, apart from the obvious one of earning an income, I will name a possible final one. Its roots are in the unconscious and they too are obvious. While our task lies primarily with the unconscious mind of the patient yet personally I find the enrichment of one's ego through the experiences of other people not the least of my satisfactions. From the limited confines of an individual life, limited in time and space and environment, I experience a rich variety of living through my work. I contact all sorts and kinds of living, all imaginable circumstances, human tragedy and human comedy, humour and dourness, the pathos of the defeated, the incredible endurances and victories that some souls achieve over human fate. Perhaps for this I personally am most glad I made my choice of psycho-analysis, the rich variety of every type of human experience that has become part of me, that never would have been mine either to experience or to understand in a single mortal life, but for my work.

ON THE DEVELOPMENT OF THE EGO AND SUPER-EGO

By JEANNE LAMPL DE GROOT. AMSTERDAM

In resuming contact with psycho-analytic writing in other countries, after many years of separation enforced by the war, I am struck by the varieties of directions in which research work has been extended. One line of investigation however seems to me the most prevalent: there is an increasing interest in the development of the ego and super-ego. Many authors lay stress on the influence of environmental elements connected with the formation of the ego. Psycho-analysis has shown from the very beginning how important external experiences are for the development of personality. But unfortunately many authors who stress the importance of environmental factors seem to over-emphasize their influence and neglect or underestimate the importance of internal psychic processes. Sometimes they even go so far as to deny the eminent significance of id-drives,[1] especially of infantile sexuality on the ego and super-ego formation (Horney, Fromm). Our daily analytic work shows us regularly the interplay of internal and external events on the ego. These experiences force us to study the growth of the individual as a biologically based dynamic process, which is certainly influenced by social circumstances.

As far as I can see the psychology of the social development of groups, nations and even of mankind in general must be regarded from the same point of view. Highly influenced by climate, economics, social life and political circumstances the development of mankind and its culture can only be understood as a dynamic process on a biological basis (N. Elias). Freud often pointed out that sexuality as the best-known part of the id is a reservoir of the biologically rooted drives. We know that the genital organization of the adult is the result of a developmental process reaching back into early childhood. The phases of infantile sexuality, the oral, anal and phallic stage, in the formation of which libido and aggression participate, are the earliest and best-studied areas of psycho-analysis.

Early research work proved that the ultimate shape of sexuality in every individual emerges through an interplay between the inborn nature of the drives and the influence of the environment. When we study a patient suffering from an obsessional neurosis we find a fixation of his libido on the anal phase of development owing to some traumatic events in his early childhood on account of an anal disposition. Sometimes the first element is the more important, while the second is the complementary. (Freud's *Ergänzungsreihe.*)

We now turn to ego-psychology. In the course of development of psycho-analysis the ego was studied at a later period than the id. It is noteworthy that it is more especially the *function* of the ego in contrast to the development of the ego—as the part of the id which has to deal with claims of the outer world—that attracts attention. We spoke about a ' weak ' and a ' strong ' ego, in its struggle with the id and the outer world, in its defence against inner and outer dangers. It was said by Freud and even more emphatically by Anna Freud that these defence-mechanisms could become part of the character (A. Freud). However, the inner development of the ego has not been systematically taken into consideration. Yet we may observe in practice as well as in the study of the child that this inner development of the ego out of an inborn core actually takes place. This is parallel to the teaching of biology that in the fertilized ovum there lives the potential form of the whole highly complicated organism. In the id as the reservoir of the mental power the development of the drives is predetermined. We can expect the same from the ego. It is the task of the psychologist to study how the individual ego develops out of this inborn ego-core. As a matter of fact the investigation of the ego or more precisely of the instrument with which the ego is operating, the intelligence, has already been partially carried out. I refer to the ' *Entwicklungs*-psychology ' of Werner, Stern, Karl and Charlotte Bühler, Spranger, Piaget a.o. First and foremost the work of Piaget seems to me of lasting value. In a series of accurate experiments he observes how the intelligence grows out of the ' *réflexe héréditaire* ' (hereditary reflex), which is already present at birth, as the sucking reflex and shortly afterwards in the form of the seizing reflex.

According to Piaget the empirical intelligence is employed at the age of about one year; the systematic intelligence at one and a half to two years by the mechanisms of assimilation and accommodation. During this period real thinking with words begins; later on we see the constructive intelligence and the formation of judgement and reason. In fixing the age when the child is able to judge logically psychologists differ, but certainly this function is not achieved before the third or fourth year (perhaps even much later). I do not intend to describe the whole of Piaget's research work. I only wish to point out the gradual autonomous development of intelligence (J. Piaget).

I have just called ' intelligence ' the instrument with which the ego operates. The ego, it is true, uses it to get in touch with the outer world, groping for the environment and regarding its own observations as memory-traces. We may say: the ego learns to observe by means of the intelligence and its forerunners; but at the same time creates and develops them in executing its important function as an organ of perception. In later childhood and in adult life intelligence matures into different

[1] I use the English word ' drive ' for the German expression ' Trieb ', reserving the word ' instinct ' for the inborn mechanisms observed in animals, as for instance the nesting-instinct of birds, the food- and fighting-instincts of insects, etc. (cf. MacDougall). I hope to speak about this matter in another essay.

forms : one of them is the intellect, as for instance used in scientific work. However, other forms of intelligence are indispensable, e.g. common sense for judging situations, emotional processes in the inner and outer world, etc. There is still a large field of research work to be done in this direction. But now I will return to the study of the primitive ego. Its development—though partly an autonomous one—is at the same time highly dependent on the influences of the outer world as well as on other parts of the individual (id and later super-ego).

As I mentioned before the functions of the ego are better known than its development. What are these functions ? We have already spoken about the function of perception. A second function is the building up of the memory which enables the personality to progress towards the third and very important function of reality-testing. Testing and judging reality, however, require intelligence of a certain degree, which, as we saw above, is only reached by the two or three-year-old child. At an earlier age it only exists in a primitive form as the environment and the knowledge of the infant are very limited. The ego-functions of reality-testing and building-up the memory, established during the first years, are developing and growing during the whole life. A fourth important ego function is that of the ' control of motility '. The tendencies of the id try to find an outlet in actions, which often come into conflict with the environmental claims, so that the ego is forced to interfere. This intervention, however, is only possible when the child is able to master his muscular apparatus physically and mentally. As far as the ego is a body-ego (*Körper-Ich*) it has been formed in the earlier stage of childhood. The mental control of the motor discharge of tendencies and emotions follows and develops during the entire life unlike the other ego-functions.

The growing intelligence and reason play an important part in maturing this capacity. They also show their influence in the fifth function of the ego, the so-called ' synthetic function '.[2] Though not entirely dependent on the level of intelligence and intellect, it is without doubt influenced by it. While in the id there is no question of a synthetic function, it is inherent in the ego from the very beginning of life. It develops, however, with the growth of personality and is perhaps as a rule more or less unfinished. Later on we shall speak about its origin.

We called the intelligence the instrument of ego capacities. But where does it come from ? The intelligence itself is a highly organized mental process. According to Piaget it develops out of hereditary reflexes. Perhaps we have to consider the instincts of the animals (instincts in MacDougall's sense ; compare also Brun), as the phylogenetical forerunners of human intelligence. (See the above mentioned organized instinctive behaviour of animals such as birds, insects, etc.) But it is not the task of human psychology to state whether this idea is of any value or not.

We must now turn to another important question : what is the force or what are the forces which enable the ego to develop intelligence and its achievements ? Piaget speaks about an ' activity ' (*une activité*). The psycho-analyst can answer this question less vaguely : the ego originates out of the id and in consequence must draw its forces from the same source. So it must be the energy of the drives, of Eros and aggression, which is used by the ego for its functions.[3] Freud's libido-theory enables us to imagine this process. We know the ego is filled with libido which we call narcissism and it is taken for granted that the individual needs a certain amount of narcissism in order to function correctly.

According to Freud there must be a quantity of undifferentiated energy for the non-libidinal mental processes and he supposes this energy to be desexualized libido. Since we know the enormous rôle of aggression in mental life we may amplify this opinion in describing a kind of sublimated aggression as the second contribution to this energy. The exploration and mastering of the outer world for the purposes of the ego takes place through aggression sublimated into energic action and mixed with desexualized libidinal tendencies. However, in order to regulate this function a direct narcissistic cathexis is necessary as well as a balance between narcissistic and aggressive cathexis of the ego organization. This equilibrium is perceived as a satisfying feeling of self-esteem.

We may now summarize these questions in the following way :

The ego as a part of the id develops out of an inborn ego core and has a development of its own. The process of the growth of the intelligence is well known to us (perhaps it is the basis of the ' conflictless sphere ', *konfliktfreie Sphäre* of Hartmann). This autonomous development occurs under the influence of the contact with reality, with the id (and later on with the super-ego). In this development the ego functions arise, namely : (1) perception ; (2) the building-up of the memory out of the traces of perception ; (3) reality testing ; (4) mastering of motility (in the physical and mental way) ; and finally (5) the synthetic function. An optimal narcissistic cathexis enables the ego to accomplish this task which is many-sided and very complicated.

It is well known that in consequence of these

[2] I was very pleased to discover nearly the same ego-functions mentioned in Anna Freud's ' Indications for Child Analysis.'

[3] Here I wish to mention a remark made to me personally by Heinz Hartmann. He considers id and ego both as originating from a primitive, still undifferentiated condition. I think it is merely a question of terminology. Phylogenetically the id is older than the ego. Moreover, the id is the reservoir of the biologically based drives.

various differentiated functions the ego is threatened by a great many dangers.

The ego is the servant of the id, the outer world and the super-ego, and has to satisfy these three masters, as Freud described it. As the claims of the environment and the id are often controversial the ego frequently has to mediate. As far as the outer world is concerned it tries to do so by its knowledge and experience. In the period in which these capacities are still small, i.e. in childhood, the individual is very dependent on the outer objects (primarily the mother). It learns from them how to master reality. Here the mechanism of identification with the objects is used, and this is a very important process that we shall discuss later on. When the help of the mother, however, does not suffice, or the mother herself is a part of the outer world which makes all these demands, the child must defend himself against these claims. Then the ego mobilizes one of the well-known defence-mechanisms (A. Freud, 1937). Here denial plays the most important rôle.

On the other hand the satisfaction of the id-claims is not less difficult. The id requires satisfaction according to the pleasure-pain principle. In many cases these demands contradict the claims of the environment. The ego tries to modify the id-wishes, but when it fails to do so it must defend also itself against these tendencies, and mobilizes various defence mechanisms against them. These mechanisms are known as repression, isolation, regression, reaction-formation, undoing, projection, introjection, sublimation, etc., well-described by Freud, Anna Freud and others. The ego is impressed by them. Thus, little by little, the ego-organization becomes formed by these reactions and the child's character takes its shape.

Observation teaches us that the choice of the special defence-mechanisms is determined by an inborn factor, a tendency of the ego-core, though also influenced by internal and external experiences of the child.

At a later period, when the super-ego is formed, the claims of the latter bring the ego into a third dependency and, of course, equivalent actions and defence-reactions become necessary and influence character development. Later on I shall speak about these processes. Now I should like to turn to a fourth dependency of the ego which has been less.

As I mentioned before the ego-organization needs a certain amount of narcissistic cathexis in order to function correctly. Especially in the earlier stages of ego-development, this libidinal position is very vulnerable. There are many experiences, disappointments and frustrations which are injurious to the ego's self-esteem and thus disturb the integrity of the ego-cathexis. In my paper '*Hemmung und Narzissmus*' I described the danger of these disturbances and the necessity for the ego to defend itself against them. When the ego-cathexis is hurt by the exorbitant claims of the outer world or overwhelmed by strong urges of the id, the ego is unable to develop its capacities and to behave normally. When it is injured in its libidinal organization it will be disturbed in its autonomic functions, as already described.

In clinical work we can observe these processes when we turn our attention to ego-analysis. When we study a patient suffering from hysteria we can see as we dissolve his symptoms, that he has rejected an id impulse at the command of the super-ego, by the mechanism of repression ; the id-tendencies cannot find normal discharge ; the libido is partly regressed to the phallic or perhaps oral phase. But what about the ego ? It is unable to function normally. In the first place the memory is disturbed. There are gaps in its functioning. Sometimes the mastering of movement is interrupted, e.g. in hysterical paralysis control of movement is inhibited. In other cases the perception is disturbed, e.g. hysterical scotomization. In all cases the synthetic function is deranged; there is no more harmony in the personality. In other diseases, e.g. the obsessional neurosis, intelligence—though its level may be high in general—has partially regressed to a primitive level such as the magic phase, a forerunner of logical thinking. Here the split in the personality is much more obvious than in hysteria. The most far-reaching regression of the ego can be observed in the so-called narcissistic neuroses and the psychoses. Here the ego is really split up, the synthetic function has disappeared, reality testing is falsified or in serious cases almost totally disturbed. Perception of the outer world has vanished in favour of primitive wishful thinking, etc.

As so often happens in psycho-analysis the study of pathology teaches us how normal development takes its course. We suppose in the case of a serious neurosis or a psychosis a regression of the drives is accompanied by an ego-regression. And we can understand what has happened. The pathogenic process has damaged the narcissistic position which was either too weak because of its predisposition, or has been weakened by this process, or both. In the case of a character disturbance we can observe the same process in a part of the ego. There are persons whose ego functions normally in several of its capacities, but who show pathological behaviour at one single point ; as regards one particular claim their judgement of reality may be disturbed and they project their own feeling on to the outer world. These persons, who can think very logically and who usually act absolutely correctly form in a certain situation the erroneous idea that the environment hates them and tries to counteract their activity. I called that the ' personal delusion ' (*privater Wahn*) of nearly normal individuals. Studying this phenomenon in ego-analysis one always arrived at a narcissistic injury in childhood, which produces the feeling of

being powerless. We know this process very well from the little girl who lives under the wounding disadvantage of lacking the penis and feels inferior and powerless because of it. However, the little boy, too, suffers from feelings of impotence towards the mighty father and in earlier stages even towards the mother who originally is almighty in his eyes. In this connection we must do justice to the old theory of Alfred Adler. His *Wille zur Macht* (will to power) is really an important tendency in the life of mankind. But it is only a part of the childhood development and by no means the unique one. Moreover, Adler was unwilling to see the great part played by libidinal completion in this longing for power, whose aim it is to strengthen or to restore the narcissistic cathexis of the ego.

When we have the opportunity of studying so-called normal adults we shall realize that almost always survivals of primitive ego-reactions are to be found. There are very few if any totally integrated persons whose synthetic function has succeeded in constituting a really harmonious personality, whose reality testing enables them to think and judge in each situation in an objective and rational way and whose self-esteem makes them act according to their own needs as well as those of their fellow-men. If we study the personality of the leader of a group we learn that his exceptional influence on others is based on a strong narcissistic cathexis. Unfortunately, this quality often is misused. His aggression is not sublimated into a socially advantageous activity but is used more or less in a primitive way for the satisfaction of his own craving for power.

There are still many questions and problems in this field of research open for study.

We might now look at the third part of the personality, i.e. the super-ego.

As part of the ego the super-ego takes over some of the ego-functions. In normal cases there is unity between them. However, we know how often a conflict exists. At earlier stages of human development this unity cannot yet be observed. Therefore it seems justifiable to turn our attention to the growth of the super-ego.

From analytic observation we must conclude that the super-ego develops in the same way as the id and ego. Still there are some differences : the id is present from the very beginning of life ; the ego develops from its entry on the outer world, that is to say from birth on, though we had to conclude there was an ego-core in the id. The super-ego only arises after some years as an heir of the Œdipus complex. As is well known some analysts anticipate its origin, but I prefer to distinguish between the forerunners and the super-ego itself. A gradual maturation necessitates complicated processes of identification and introjection. However, we must accept a developmental phase, the super-ego being the achievement of it. We assume that the construction and the mechanism of the subsequent super-ego is predetermined to some extent. We observe, e.g. that the intensity with which infants take over the orders and prohibitions of their parents differs in different children. The acceptance of orders is primarily an imitation of parental behaviour. By means of the mechanism of identification, however, it becomes an inner part of the psychic personality. Therefore, the capacity for identification is of paramount importance for the building up of the super-ego and it certainly differs in nature in different individuals. Though the contents of the super-ego claims are dependent on the influence of the parents, the mechanism of identification is inherited. Moreover, we know from Freud that the severity of the punishing super-ego also depends on the intensity of the child's hostility and its ability to turn this aggression towards itself. Thus, through this mechanism the super-ego is also partly independent of the parental image.[4]

Up to now we have spoken of the judging and punishing super-ego. But we must also consider another super-ego function, that of the ideal-formation. Observations teach us that this ideal-formation happens very early. As a matter of fact, in the harmonious adult these two parts of the super-ego, the ego-ideal and the judging super-ego, are homogeneous and form a unity. But I think we must follow Alexander and some other authors, e.g. Flugel in his *Man, Morals and Society* (1945) in separating them while we are studying their development. The ego-ideal plays an important rôle in maintaining the narcissistic position of the ego-organization. I have already mentioned that this position is indispensable for a well-balanced functioning of the personality. When the self-respect is wounded the child satisfies his narcissistic needs in creating and introjecting his ideal. At first it is formed after parental imagos. Later on, other examples are added to them, until finally social, moral, scientific and religious ideals are created. It is an important support for a man's mental balance, when his ego-ideal functions well, its level is not too high, but high enough to strengthen the self-respect. Therefore the first identifications are of lasting significance for the entire development. Stimulating the process of identification, even when not exaggerating it, is an important educational method and so is offering suitable ideals. The same principle holds for the formation of the judging super-ego. Here acceptable orders and prohibitions should be offered to the child. In describing the influence of education we must not forget the force of the development of the super-ego, as we know the mechanisms and the strength of the aggressive impulses to be inborn qualities. Moreover the super-ego is intimately connected with

[4] According to a remark made to me in person by Dr. Tibouts it would be possible that the super-ego is established only after the aggression is turned against one's own person.

the id, as it becomes fixated after abandoning the Œdipus-situation. Therefore it not only revives ancestral images but also inherits part of the immobility and immutability of the instinctual drives. On the other hand one can observe how changeable and unstable identifications can be in earlier periods of development, and it often happens that this instability remains throughout an entire life time. These antagonisms represent the two factors of Freud's supplementary series: disposition and environmental influence. Many people remain at an early stage and do not succeed in developing an independent and adjustable super-ego.

So far we have spoken mainly about the mechanisms at work during the formation of the super-ego in the widest sense (thus including the ideal), as a psychic organ. But what about the creation of the contents? In the individual they are partly taken from the environment and therefore very much influenced by the family and later on by the actual social, economic and political circumstances. As far as they are taken from inside, they are precipitates of former super-ego formations and therefore represent residues of earlier periods and former cultures. The question arises, if phylogenetic laws exist in accordance with which morals and ethics have been built up. This question raises another one: are the tendencies of the super-ego inherent only in the id and ego mechanisms such as the intensity of aggression, the mechanisms of identification and of turning aggression against oneself, or is there also a specific factor, inherent only in the super-ego? This is a wide and difficult problem for detailed research and I cannot deal with it now.

We shall make only two remarks about this: (1) in prohibition the demand for the renunciation of satisfaction plays an important rôle. In this connection I am thinking particularly of aggression which disturbs the social relations of men. To check this reaction-formations against it have to be developed, e.g. over-compensation in loving one's fellow-men. We know how often people fail and fall back upon open or hidden hostility. To use a popular expression: the question is whether love can remain stronger than hatred. (2) In the creation of ethics and ideals the narcissistic need must be satisfied. At the same time the needs and interests of our fellow-men have to be respected and included in our satisfactions. From a social point of view it is dangerous if men remain at the primitive phase of self-satisfaction and longing for power without adjusting their needs to a higher social level. It is also unfortunate if they try to compensate their self-esteem by worshipping another person, an idea, a deity. Can an equilibrium be achieved between self-assertion on the one hand and a due regard for the community?

It seems justifiable to suggest that normal compensation of aggressiveness by love and acquisition of self-assertion through ideals are the driving forces of the religious, ethical and scientific achievements of mankind.

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THREE DREAMS OF DESCARTES [1]

By J. O. WISDOM, Alexandria

"Several moralists have recommended it as an excellent method of becoming acquainted with our own hearts, and knowing our progress in virtue, to recollect our dreams in a morning, and examine them with the same rigour, that we would our most serious and most deliberate actions. Our character is the same throughout, say they, and appears best where artifice, fear, and policy have no place, and men can neither be hypocrites with themselves nor others. The generosity, or baseness of our temper, our meekness or cruelty, our courage or pusillanimity, influence the fictions of the imagination with the most unbounded liberty, and discover themselves in the most glaring colours. In like manner, I am persuaded, there might be several useful discoveries made from a criticism of the fictions of the ancient philosophy, concerning *substances, and substantial forms, and accidents, and occult qualities;* which, however unreasonable and capricious, have a very intimate connexion with the principles of human nature."—David Hume.

On November 10, 1619, Descartes finally arrived at the essence of his discoveries about Method. This he expounded in different forms in the *Rules* and in the *Discourse on Method;* he applied it to philosophy in the *Meditations* and the *Principles*, in which work he also applied it to mathematics. Due to his research he fell into a state of 'enthusiasm' and suffered from violent disturbances.

[1] A Public Lecture delivered at Farouk I University, Alexandria, April 5, 1947.

That night he had three dreams, which he imagined were divinely inspired. Fortunately a full record was preserved by Baillet, his first biographer. (3)

"He saw phantoms, which terrified him to such an extent that, thinking he was walking through the streets, he had to tilt himself over on his left side so as to continue on his way, because he felt a great weakness in his right side that prevented him from holding it up. Being ashamed to walk thus, he made an effort to hold himself erect. But he felt a gusty wind, which swept him into a kind of eddy and forced him to spin round three or four times on his left foot. But it was not this that frightened him. The difficulty he had in dragging himself made him think he was going to fall at every step. Then, noticing an open school on his way, he went in for refuge and to seek a remedy for his ailment. He tried to reach the school, where his first thought was to go and pray; but realizing that he had passed a man he knew without any salutation he wished to retrace his steps to make good this civility—the wind, which blew against the church, however, forced him back violently. At the same time he saw in the middle of the court of the school someone else, who addressed him by name in polite terms and who said that if he wished to find Monsieur N. the speaker had something to give the latter. Descartes imagined it was a melon he had been given from some foreign country. But what surprised him more was to see that those who assembled round this person to hold conversation were upright and steady upon their feet, though he was always bent and unsteady upon the same ground, and though the wind, which had tried to turn round several times, had greatly diminished.

At this point he awoke and had even at that moment a feeling of distress, which made him fear that this was the work of some evil spirit which perhaps wished to ensnare him. Immediately he turned over on his right side—for it was on his left that he had gone to sleep and had had the dream—and he prayed to God to protect him from the bad effect of his dream and to preserve him from all the evils that could threaten him in punishment for his sins, which he recognized were serious enough to draw thunderbolts on his head, even though he had led a life that was sufficiently above reproach in the eyes of men. In this condition he went asleep after nearly two hours spent in divers thoughts upon the good and evil of the world. Then came immediately a new dream.

In this he thought he heard a sharp and resounding noise which he took to be a peel of thunder. It gave him such a fright that he woke instantly.

On opening his eyes he saw many sparks of fire scattered through his room. The phenomenon had already often happened to him at other times, so that there was nothing very extraordinary on waking in the middle of the night in seeing flashes before his eyes, which enabled him to catch a glimpse of the objects that were nearest to him. But on this last occasion he wished to have recourse to reasons drawn from philosophy; and he drew conclusions that satisfied him, after observing, on opening and shutting his eyes alternately, the quality of the images. Thus his fear vanished and he went to sleep in a calm state of mind. A moment after he had a third dream.

This had nothing terrible like the first two. In it, he found a book on the table, without knowing who had put it there. He opened it and seeing that it was a *Dictionary* he was delighted, hoping it would be extremely useful to him. At the same moment he found another book under his hand, which was no less new to him, nor did he know where it had come from. He found that it was an anthology of poems, entitled *Corpus Omnium Veterum Poetarum Latinorum*. He was curious to read something and on opening the book he chanced on the verse: *Quod vitæ sectabor iter?* . . . At the same moment he noticed a man whom he did not know but who gave him a piece of verse beginning *Est & Non* and who praised it as an excellent piece. Descartes told him he knew what it was, and that this piece was among the Idylles of Ausonius which was to be found (!) in the large anthology of the poets on the table. He wished to show it to the man, and he began to turn over the pages of the book, about which he boasted of knowing perfectly the order and arrangement. While he looked for the place, the man asked him where he had taken this book from, and Descartes replied that he could not tell how he had got it, but that a moment before he had handled yet another one, which had just disappeared without his knowing who had brought it or who had taken it away. He had not finished when he saw the book appear again at the other end of the table. But he found that this *Dictionary* was no longer complete as it was the first time he had seen it. Nevertheless he came across the poems of Ausonius in the anthology; but, not being able to find the piece beginning *Est & Non*, he told the man he knew another piece by the same poet still more beautiful, beginning *Quod vitæ sectabor iter?* The man begged him to show it, and Descartes was beginning to look for it when he was attracted by several small engraved portraits (!); this made him say that the book was very beautiful though it was not the same copy as the one he was acquainted with. At this point the books and man disappeared and went out of his thoughts, without however waking him.

A singular fact to be remarked upon is that, though he was in doubt whether what he had just seen was dream or vision, not only did he decide while he was asleep that it was a dream but he even made the interpretation of it before sleep left him."

This completes what for convenience of reference may be called the three dreams, together with the history of events at the beginning and between the

dreams ; what follows is Descartes's dreamt interpretation of his third dream.

"He judged that the *Dictionary* meant nothing but all the sciences assembled together ; and that the anthology of poems entitled *Corpus Poetarum* showed in particular and in a more distinct way Philosophy and Wisdom joined together. For he did not believe that one ought to be greatly astonished at seeing that the poets, even those that only wrote nonsense, were full of sentences more serious, more significant, and better expressed than those to be found in the writings of philosophers. He attributed this wonder to the divine nature of Enthusiasm, and to the force of imagination which produced pearls of wisdom (to be found in the mind of all men like sparks of fire in jewels) with much more ease and brilliance even than could be achieved by Reason among the Philosophers. Descartes, continuing to interpret his dream in his sleep, estimated that the piece of verse on the uncertainty of the kind of life that one ought to choose, and which begins *Quod vitæ sectabor iter ?* showed the good advice of a wise man or even Moral Theology.

Thereupon, doubting whether he dreamt or mused, he woke up without emotion and continued with his eyes open to interpret his dreams on the same lines. By the Poets gathered in the anthology he understood Revelation and Enthusiasm, with which he did not despair of seeing himself blessed. By the piece of verse *Est & Non*, which is the *Yes & No* of Pythagoras, he understood Truth and Falsity in human knowledge and the material sciences. Seeing that the application of all these things succeeded so well to his liking, he was bold enough to persuade himself that it was the Spirit of Truth that by this dream had wished to open before him the treasures of all the sciences. And as there remained over to be explained only the engravings of portraits in the second book, he sought no further explanation after the visit paid him next day by an Italian painter.

This last dream, which had had nothing but what was very pleasant and agreeable, bore only, he thought, on what would happen to him during the rest of his life. But he took the two preceding dreams as menacing warnings touching his past life, which could not have been so innocent before God as before men. And he believed this was the reason of the terror and fright that accompanied these two dreams. The melon, which someone wished to present him with in the first dream, signified the charms of solitude, but presented through purely human enticements. (Descartes subsequently could not give reasons for this interpretation except that a melon evokes the idea of a garden and this evoked the idea of a place in the country that later on he came to like.) The wind, which pushed him towards the church of the school when he had something wrong with his right side, was nothing else but the evil spirit that tried to throw him forcibly into a place where he intended to go voluntarily. That is why God did not allow him to advance further and let him be carried, even in a holy place, by a spirit whom God had not sent : although Descartes was quite persuaded that it had been the Spirit of God that had made him make the first steps towards this church.

The fright with which he was struck in the second dream indicated to his mind remorse of conscience for the sins that he might have committed during the course of his life up to then. The thunder he heard peeling was the signal of the Spirit of Truth which came down to possess him."

Since the evening before the dreams took place was the eve of St. Martin, Descartes has been charged with having had too much to drink ; the charge has been dismissed and we need not spend time over it. We turn now to his thoughts next day.

"The impression that these disturbances left with him made him give himself up next day to various reflections on the path he ought to pursue. The embarrassment in which he found himself made him turn to God to pray him to make known his will, to be willing to enlighten Descartes and lead him into the search after truth. He then prayed the holy Virgin to take this matter under her care, as he judged it the most important in his life. And to try to interest this blessed Mother of God in an urgent way, he made use of the occasion of a journey he was considering to Italy in a few days to make a vow to pay a pilgrimage to the Notre-Dame of Loretto. His zeal went still further and made him promise that, since he would be in Venice, he would set himself to go on foot to Loretto ; that if his strength could not live up to this task he would assume at least the most devout and humble outward appearance within his power in order to discharge his obligation."

Incidentally, Descartes when he was at the Collège de la Flèche had handled a book entitled *Le Pèlerin de Lorette : Voeu à la glorieuse Vierge Marie* . . . It remains to describe subsequent events.

"He hoped to leave before the end of November for this journey. But it appeared that God decided in another way from that which Descartes had proposed. It was necessary to put off the fulfilment of his vow to another time, having been obliged to defer his journey to Italy for reasons that have never come to light ; he undertook it only about four years after his resolution.

His enthusiasm left him a few days after ; and, although his frame of mind had reverted to normal and had returned to its first state of calm, he failed to become more decisive about the decisions he had to take. Time passed by little by little at his winter quarters in the solitude of his living-room ; and to make life hang less heavily on his hands he began to compose a treatise."

Nothing is known about this treatise.

It would be well to know more about the verses mentioned in the third dream. The one beginning *Quod vitæ sectabor iter ?* occurs in the anthology of the poets Descartes dreamt about and it is as he said by Ausonius. It is entitled 'A Pythagorean Reflection on the Difficulty of Choosing One's Lot in Life', and is as follows :— (1)

"What path shall I pursue : The courts are full of uproar ; the home is vexed with cares ; home troubles follow us abroad ; the merchant always has fresh losses to expect . . . the unwedded life has its sore troubles, but sorer is the futile watch and ward which jealous husbands keep. . . . Every stage of life has its troubles, and no man is content with his own age. . . . With one accord we all scorn our present lot. [Here follow classical instances of those that protested against eternal life.] Mark you, chaste Hyppolytus was destroyed by disastrous care for his own chastity. And on the other hand, he who delights to spend a life stained with loose pleasures, should consider how sinful kings are punished, as incestuous Tereus or Sardanapalus. [Here endless conflict situations are described.] Therefore the opinion of the Greeks is wisest ; for they say that it is good for a man not to be born at all, or, being born, to die quickly."

'The Pythagorean "Yea" & "Nay"' is not to be found in the anthology—in the dream Descartes said it was there but could not find it. The gist of it is this. 'Yes' and 'no' : all the world constantly uses these familiar monosyllables. Take these away and you leave nothing for the tongue of man to discuss. They are not only involved in but the source of all dispute. What a thing is the life of man which two monosyllables toss about ! (2)

It should be noted also that the engraved portraits do not occur in the *Corpus Poetarum.*

The meanings of dreams of a single night are closely connected, i.e. give different facets of the immediate psychical situation. It is, in general, impossible to interpret a dream with certainty without having associations to its elements ; here, however, we have the good fortune to have a good many associations, though one might on occasions wish for more. Descartes's dreamt interpretations are just as useful as those given when he was awake. They are bound to be partially correct and partially inadequate, but at least they provide additional data, and it ought to be possible to interpret both these and the dreams themselves in such a way that the interpretation of the one should cohere with the interpretation of the other. It is convenient to begin with the third dream.

Descartes's interpretation of the *Est & Non* to mean truth and falsity in human knowledge and science is correct so far as it goes but not profound. The Pythagorean 'Yea and Nay' shows that truth and falsity really refers to discord. The *Dictionary* meant the sciences and the anthology meant the knowledge of what is real in the life of feeling. Poets gave insight into this, which philosophers and scientists, or reason, could not, for poets were capable of 'enthusiasm', i.e. a state of fervour, of being possessed, of being divinely inspired. The dream manifests a fundamental conflict between the desire for a vivid life and a desire for knowledge. Thus the *Dictionary* disappeared and reappeared—Descartes was putting away knowledge in favour of life and taking it up again. The *Dictionary* was not complete—it did not provide full knowledge, it left out life. Evidently Descartes was striving, with interruptions, to allow himself to go in the direction of life—indeed he did not despair of being blessed, like poets, with enthusiasm. The anthology, to which he turned several times, was a very beautiful book. This partly expresses the beauty of life, but in part it is a covering up of the difficulties contained in life, contained in the poems. Now he wrongly supposed in the dream that the *Est & Non* was in the anthology ; what he found was the poem, *Quod vitæ sectabor iter ?* This identifies the two. It may be expected, therefore, that additional meaning of the Yea-and-Nay or discord can be found in the other poem. According to it, whatever I do will lead me into trouble ; I shall be punished for sin ; yet even chastity is dangerous ; it would be better to be dead. To be dead, i.e. to be castrated, would obviate trouble, the need for punishment, and the need for chastity. Thus the discord theme is fundamentally the zest for life and fear of its consequences, where there is also a wish for those consequences as a way of getting rid of the conflict altogether. This, be it noted, was the advice of the wise man or of moral theology, not to risk living. Moreover, the *Dictionary* or science is set in opposition to the anthology, i.e. in opposition to this life conflict. Thus reason, philosophy, science were a form of escape from the conflict—which, however, might be expected to contain the conflict in a milder if less exciting form.

Descartes boasted of knowing the arrangement of the anthology ; he did not know how he came by the book, i.e. came by this knowledge ; he had in fact a knowledge of life without any idea how he gained it. When searching for the fundamental poem he was attracted by small engraved portraits, which do not exist in the real book ; psychically he put them there. In this way he feasted his eyes upon people. This scopophilia suggests how he came by his knowledge of life—when young he had seen things, of which children are ordinarily supposed to have no understanding, but the vision became repressed. Again the book, the sight, was beautiful. Somehow the copy of the book was not the one he knew—he had some intuition that the book was not the fundamental source of interest but a symbol. The scopophilia, however, was likely to arouse troublesome and guilty thoughts ; this is borne out by Descartes's unquestioning acceptance of the portraits as due to the *subsequent* visit

of a painter—he did not wish to probe the question; hence the blotting out of the entire situation at the end of the dream and the further defence against the realities of the dream by thinking it was only a dream.

But who was the man in the dream? He was a man that gave him a poem, i.e. gave him sanction to live life, for all its difficulties—possibly a parent sanctioning scopophilia. The urge towards life is unmistakable, especially in view of the pearls of wisdom poets produce, like sparks in jewels—i.e. the poets (and ordinary men to some extent) succeed in attaining the opposite sex, the most intimate part of whom jewels can symbolize.

Though there was conflict in this dream, it contained nothing very terrible; in fact the full meaning did not really come to light. Descartes was right in a sense that this dream related to the future, but it was more importantly related to the past.

Descartes recognized that the other dreams referred to the past; and from their more frightening nature we should expect to find the past, or at least the vivid desires of the past, more clearly depicted.

In the first dream he was walking through the streets, which in view of what follows can only mean the sex act. He nearly fell over on his left side, i.e. the ill-omened side, because the right side, i.e. the good, powerful, potent, was weak. This expresses fear of impotence. In his shame he made an effort to hold himself erect, i.e. to achieve potency.

Terrifying phantoms were there. A gusty wind, which he took to be the spirit of evil, nearly made him fall over. Thus his impotence was caused by the evil spirit. Moreover, from mythology it has been proved that the wind is a fertilizing principle (11). Hence it is not difficult to see that the evil spirit was an evil and more powerful man than he, namely his father in one of his aspects, threatening, punishing.

Descartes sought refuge in a school, an enclosure and therefore mother symbol. In this connexion, he prayed next day to the holy Virgin for her care and vowed a pilgrimage to Notre Dame of Loretto. Now he had been at a military *school*, where he had handled a book about a pilgrimage to Loretto and a vow to the holy Virgin. These circumstances make us identify the two schools and confirm the interpretation that in the dream school he hoped to gain maternal protection. Now maternal protection means in part a retreat from the difficulties of life, involving the desire to approach other women and the discord this may produce with other men. Thus going to the school is another form of the same theme, a refusal to face the impotence situation.

On his way to the school he passed a man he knew, failing for some reason to salute him—let us call him X. The evil wind prevented Descartes from returning to make good the salutation. Clearly there was a wish to place himself in this way on terms of complete equality with X. Since the theme is potency, equality means equality of potency, and the refusal to salute becomes a reassertion of his own potency. The evil spirit aided him in this, i.e. he felt that potency was founded upon evil (here the evil spirit stands for something in himself).[2]

In the school court he saw another man, Y, who was polite. Y gave him a melon for someone else named N, but this becomes forgotten. This could mean either that Descartes was stealing N's melon or that N was Descartes himself but that he was not quite ready to accept the gift; on either interpretation, however, there was some lack of sanction about the fruit. Curiously enough, people talking to Y were steady on their feet, i.e. potent; the wind was less, so that though he was still unsteady himself, the threat of impotence was not so great. Y was evidently a friendly figure, who somehow diminished the threat to potency. The form of relief involved must lie in the meaning of the melon. Descartes said that the melon signified the charms of solitude, perhaps because it suggested the idea of a garden and this suggested the idea of a place in the country he was afterwards to like (and unconsciously already liked)—his very doubt about the reasonableness of these associations makes them valuable. The meaning would therefore appear to be a serene relation to mother-earth. The melon is thus a gift from the mother (for whom Y does duty) and the mother's fruit is the breast; the melon is, then, a symbol of the breast. Evidently going towards the school, which is the retreat-from-life theme, brought him into an infantile relation to his mother, in which he is identified with her. The first dream, so far, deals with impotence and infantile regression.

This dream left Descartes feeling distressed. He felt an evil spirit was ensnaring him. This spirit not only weakened his potency, but drove him, with God's sanction, towards the church of the school (another mother symbol). Since this evil spirit reflected evil within him, it was his own evil tendencies that made him retreat from the impotence situation. Why, then, was it ensnaring him? His next remark was that he turned over on his right side in bed, which means he now placed reliance on that side, for he was on his left when he had the dream; i.e. he was re-asserting potency. Yet he was overcome with guilt, for he felt he deserved thunderbolts on his head (a castration idea) and he prayed to God to protect him. Hence the evil spirit was working to make him assert potency even in the church or the school in the infantile situation; in other words the Œdipus

[2] It is evident that the evil spirit is a condensation of his own unsanctioned sexual desires and of the power threatening them.

situation in relation to the mother becomes evident. Without this, his feelings after the dream are incomprehensible. We can see that the impotence theme would give him distress, but he goes on to say he prayed God to protect him from evils arising out of past sin—and until the Œdipus aspect emerged no sin was apparent in the dream. It is interesting to note that he prayed not for forgiveness for the Œdipus sin, but for protection against future consequences of it—effects upon his potency. Thus the urge towards life is present in this dream also.

There is no difficulty in seeing the connexion between the first and third dreams; the first manifests impotence fear very clearly; the third merely hints at castration; but, of course, the fear of impotence must rest upon a fear of castration. In both dreams he accepts castration to some extent, but much less so in the final dream, in which the conflict was less acute.

The short second dream frightened him with a thundering noise. He mentioned afterwards that this dream, like the first, was a warning about past sin, which he thought explained his terror and remorse. The thunder he took to be the spirit of truth possessing him, and this led him to experiment and meditate. He saw sparks of fire, which are to be identified with the pearls of wisdom, like sparks of fire in jewels, that poets produce (and even ordinary men to some extent)—the goal in the opposite sex. This goal, however, was accompanied by some threat, indicated by the thunder. In a purely philosophical work Descartes remarks that, if we receive a blow in the eye hard enough to cause the vibration to reach the retina, we see myriads of sparks which are yet not outside our eye; and when we place our finger on our ear to stop it, we hear a murmuring sound . . . (4)

Here is a further association between sparks and sound, both resulting from receiving a blow. There is evidently a good deal of condensation in this dream: the thundering spirit of truth was clearly punitive; at the same time it produced the sparks, symbolizing the sexual goal and his scopophilic impulses. This must mean that the infantile scopophilia was repressed, threatened by the thunder, and came to consciousness as a compromise formation in the guise of sparks. The notion of the spirit of truth is complex; outwardly it would suggest something good; but in fact its goodness lay in keeping him away from the path of evil due to its being infused with a large measure of severity. The most interesting occurrence, however, is that after the dream Descartes philosophized about his experience and thus calmed himself. Thus philosophizing afforded a smooth outlet for the conflict.

In the three dreams, therefore, we see a progressive defence against impotence: in the first retreat; in the second, after further recognition of infantile guilt, an escape through philosophizing; in the third a struggle to reach the reality pointed to by poets. They are all linked by the theme of good and evil, which was an association in the first and third. On the whole, Descartes's conflict took place on a plane well advanced towards reality and maturity; but there are phenomena pointing deeper: the wind and the thunder, which are anal symbols of aggression, in his case mainly masochistic; and the sparks, which are aggressive and migrainous. It is much to be regretted that there is no further information about the small engraved portraits.

For the rest, I wish to discuss the bearing of the dream meaning upon his philosophy. For the most part philosophy is identified with science and reason. In the thoughts following the second dream, he soothed himself with philosophic musing. In the third, it is opposite to the life course. Thus philosophy in Descartes's mind was a mechanism of defence against conflict. When the conflict was acute, philosophy afforded an alternative outlet for life, without animation or forfeit (dreams II and III). But we know that a substitute-formation must contain, however veiled, the forces active in the more open situation. Do we not therefore expect to find evidence of his castration conflict in his philosophy? We recall that the dreams took place after he had made his fundamental discovery about Method in philosophy and science. We know his philosophy was based closely upon his method. His metaphysic, which did not vary from the *Discourse* to the *Meditations* or to the *Principles*, was in his mind, we may take it, on November 19, and it should therefore contain the structure of his fundamental conflict.

Descartes's philosophy was very briefly this:- I doubt methodically everything I can, everything that is not absolutely certain and guaranteed by 'natural light' (a sort of rational intuition). Everything may be a dream, there may be no real objects around me, I may not exist myself. But, in doubting I exist, I *ipso facto* exist, for I could not do the doubting unless I exist—*Cogito, Ergo Sum*. What am I? A thinking thing. We know the senses often deceive. A distant square tower looks round; in dreams and hallucinations I take things to be real that are not. I have a strong propensity to believe what the senses reveal, but an evil spirit might deceive me. But a good God could never permit such a deception. Now three proofs may be given that there is a perfect God. Hence I conclude that the natural world does really exist. This is, however, a probable conclusion, because it still remains true that the senses sometimes deceive, and, though this can be squared to a large extent with the goodness of God, it cannot be wholly so. Various principles are used *en route*, all guaranteed by natural light.

We note the good God, which appears in the dreams, and also the evil spirit. The evil spirit

castrates, cuts one off from life, reality; the sin of the Œdipus and scopophilia leads to the danger of castration. God protects from this. Thus the good God both allows Descartes to partake moderately of life in Dream III and also makes an external world probable. Thus the external world is equated with life. The qualification about probability expresses a residual fear (or hope ?) that life is not really there to be faced.

The *Cogito, Ergo Sum*, that strange pillar of a metaphysical edifice, expresses an absolute separation between the mind and the external world—it is the most famous form of dualism. Descartes's metaphysic of the external world is founded on doubt—and, psychologically, doubt = wish that not. His elaborate psychology made of the body a perfect machine capable of acting and reacting on its own without the intervention of the mind; for the most part the mind merely reflected what happened in the body (though occasionally he endows the mind with a little more power than this). The mind is limited to being a thinking (not a feeling) thing. Thus the *cogito*, which logically has no content whatever, symbolizes a defence, a retreat from the zest after and dangers of the external world, which is paralleled by the retreat into the school in the first dream and by the interest in the *Dictionary* in the third. The *cogito* is in fact an expression of castration, and the philosophical problem is to re-assert potency, to reach reality after being cut off from it. Moreover, the uncertainty about the existence of the external world and distrust of the senses imply an inhibition of the scopophilic impulse. These problems exactly parallel those in the dreams.

To philosophers, the part God plays in Descartes's metaphysic is an extrinsic one, a subsidiary device brought in for a certain purpose; yet it is a necessary rôle, since Descartes could not otherwise reach the desired conclusion. A weakness of the system, from the philosophical point of view, is that it establishes (if assumed to be successful) only the bare existence of the external world, without developing any relations between the thinking mind and the world thus established. The dreams indicate that God, the spirit of truth and source of enthusiasm, plays a subsidiary rôle in that he is needed only because of the primary conflict, but he played a necessary rôle all the same in the second dream. And, though Descartes showed a tendency to reach towards life in the third dream, he did not succeed in expressing any real relations with it. Thus there are interesting structural parallels. In particular, though scopophilia was repressed, God allowed symbols of it to come through, such as the sparks in Dream II and the beautiful book in Dream III; similarly in philosophy, even if the reality of the external world is doubtful, God guarantees that it manifests some features that are real.

Descartes never resolved the problem of evil; though he writes as if he succeeded, he cannot have been satisfied beyond the more superficial layers of his mind. Thus the existence of evil persisted implicitly in his metaphysic, just as the fear of it was not overcome in the dreams.

The idea of natural light was a strange one for a very rational man to introduce into his system of thought. More powerful than ordinary reasoning, it is equivalent to the enthusiasm with which the spirit of truth fills poets: just as they could reach reality in the world of feeling, so natural light could attain eternal truth. Since the spirit of truth is obviously a potency symbol, so also is natural light (note the symbolism of *light*). This perhaps explains why the idea plays such an important part in his metaphysic—its importance is comparable with that of God, and no doubt it is a virtue conferred by him. The metaphysic is therefore a conflict between dualism and denial of life or castration on the one hand and natural light and enthusiasm or potency on the other.

Descartes feared becoming involved with the Church. The scholastic problem of the 'two truths', given by revelation and reason respectively, reappeared, not explicity in his metaphysic but in his behaviour: "Recalling my insignificance, I affirm nothing, but submit all these opinions to the authority of the Catholic Church, and to the judgement of the more sage; and I wish no one to believe anything I have written, unless he is personally persuaded by the force and evidence of reason" (5).

One would have supposed that natural light and even the law of contradiction were absolute, especially as he wrote that "I have never deemed that anything was impossible for Him, unless I found a contradiction in attempting to conceive it clearly" (6).

On the other hand he held that "we must trust to this natural light only so long as nothing contrary to it is revealed by God himself" (7).

"We ought to submit to the Divine authority rather than to our own judgement even though the light of reason may seem to us to suggest, with the utmost clearness and evidence, something opposite" (8).

The dreams are sufficient evidence that there was no hypocrisy about this. He never faced the question of which was the ultimate criterion in the event of a clash. In general he leaned in the direction of the line of least resistance: "it seemed to me that it was most expedient to bring my conduct into harmony with the ideas of those with whom I should have to live" (9).

"My third maxim was to try always to conquer myself rather than fortune, and to alter my desires rather than change the order of the world" (10). Revelation, the authority of the Church, stood in his mind for a haven of refuge, the school in the dream, the mother in the infantile situation: reason, natural light, stood for independence of

mind, pursuing philosophical truth for himself no matter where it led him, walking in the dream, reading Ausonius, potency.

Thus philosophy would appear to have had two functions: it was a retreat from poetry and life, but it also reflected the fundamental conflict from which he retreated, and within its own field of conflict stood for a positive approach. The substitute channel contains the satisfaction demanded and not attained in the primary situation.

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TRANSFERENCE SLEEP IN A NEUROSIS WITH DUODENAL ULCER

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While psychiatric interest in the problem of peptic ulcer has continued at a high level (9, 4 for example) relatively few detailed psycho-analytic studies of ulcer patients have been reported (13) (11) since the work of the Chicago group (19).

In this field, recent physiological studies, often combined with psychiatric examinations and anamneses (15, 20, 21, 22), have contributed impressively to a knowledge of the rôle of emotion in normal and pathological gastric function, and thus toward belief in the emotional etiology of peptic ulcer. Nevertheless the study of this disease as of other fields of 'psychosomatic' research continues to demand detailed scrutiny of material, toward the increasingly certain establishment of the very fact or estimated proportion of psycho-genesis in the illness. The accumulation of further psychological detail would certainly seem desirable before general formulations regarding the psycho-genesis of peptic ulcer be securely established.

For these reasons, it is felt that the following case merits special report. This is executed with apology for the difficulty of finding a meaningful path between the convenient conciseness of a sound but inevitably influential interpretative system and the mass of unorganized biographical and psycho-analytic detail that would result, were an interpretative system to be ignored entirely. In this connection, emphasis on the phenomenon of obstinate transference sleep during analytic hours may provide an axial basis for communication, aside from its special place as an objectively observed clinical phenomenon.

The account is based on the detailed review of 776 analytic hours with a married business man of about forty when work was begun. The patient (Mr. Roland S.) was seen in three separate periods of analysis, successively shorter, the first constituting most of the total at five hours a week, the last only thirty-six hours at three hours a week. The patient resumed analysis on each occasion after an interval of a few months because of symptomatic difficulties, the second time predominantly depression, the third time for acute gastric disturbances. On each occasion except the last, the patient had 'terminated' the analysis himself, against advice, in strong reaction against what he regarded as unhealthy, unnecessary, and intolerable dependency. In the second period, the device of 'tapering', even to one visit a week, was employed in an effort to control and possibly analyse this type of acting out. In the third period, a similar effort was made by way of an agreement that the patient would continue to visit the analyst at least one month after he felt completely symptom-free. Possibly because the patient was deeply improved at this time, he was able to assent to this agreement and to carry it out. At the time of writing, a few years have passed. The patient has continued in excellent health, generally comfortable and successful in his life situation, including a greatly improved marital relationship.

The patient was a real estate broker. His complaints, present most of his adult life, had been increasingly severe since the financial disaster of 1929. There was excessive sometimes entirely unjustified anxiety about fluctuations in income and the expenditure of money. The patient often experienced severely depressed moods on the same basis, with mild perennial depression. He worried habitually. He felt unable to enjoy and develop social relations with people despite an apparent ease in attracting friends. He was greatly concerned lest he be defeating himself in business, even in inexplicable neurotic losses at cards, which were frequent. He suffered from chronic constipation,

a familial symptom. The diagnosis of duodenal ulcer had been unequivocally established both clinically and radiologically about four months before the beginning of analysis, symptoms having appeared three months earlier.

Although duodenal ulcer was not stated initially as a reason for seeking analysis, the patient said later that this had been the determining factor in leading him to seek a treatment which he had considered for a long time. The idea of being treated psychologically for an organic disease was partly a result of the patient's intellectual level and milieu, and partly neurotic. By the latter, I mean, determined by infantile strivings for painless effortless relief and the wish to deny severe illness. The patient had had and continued to have much trouble with his teeth; he had had many sore throats, and a tonsillectomy in 1928. There had been one attack of Vincent's Angina. A severe food infection had occurred approximately within the year before analysis.

In the initial interview, one was impressed with the patient's apparent eagerness for analytic help and his drive to get well. A certain uncritical naïveté about the procedure seemed allied to this enthusiasm; both were later better understood, in connection with the powerful passive transference demands. A strong and obvious self-critical attitude gave a preliminary and deceptively benign impression, which might be described as 'intellectual honesty'. A curious vagueness of complaints, uncertainty about details and dates, even gross amnesia for certain important episodes of adolescence and early maturity, not to speak of advanced childhood, were later repeatedly and tenaciously manifested in the analysis, wherein they very gradually lent themselves to a considerable degree of dynamic understanding. Depression was not objectively manifest. Intelligence seemed adequate. The patient's personality as described by himself and as it appeared in early interviews seemed bound by compulsive habit patterns, and marked by considerable rigidity of both thinking and affect, yet tormented by the awareness of enormous demands on life and people, and the utter inability to express these demands even on a social level, not to speak of securing their fulfilment. There was also an utter inability to give anything of himself to others, with appropriate violent self-reproaches. For all lacks, whether within himself, or in the gratifications afforded by the world, the patient felt a diffuse envy of other people of indescribable intensity. A striking detail in this envy was the early frank inclusion of the traditional occupational and financial rôle of the female.

Diagnostically the patient did not fit readily into a simple psychiatric category. He was a man of rigid personality, with compulsive character traits, frequent symptomatic reactions (especjally depression and anxiety) and the somatic disorders, constipation and duodenal ulcer, which played an important rôle in the composite personality structure.

The patient came from the west coast, and from a west coast family of successful and smug business people. The family was American of Anglo-French extraction on both sides. The father was of narrow intellectual scope, in the insurance business. He was tyrannical, on rare occasions (in the patient's childhood) violent toward his sons, and rigid with his wife in money matters. He was extremely oversolicitous and over-protective toward his daughter. A strong tendency to suppress initiative in his sons carried with it an extended paternalistic protection and patronage even in their advanced adult years.

The patient's mother was physically active, of buoyant disposition. She was apparently overindulgent toward her sons in all spheres, antagonistic toward her daughter. In the patient's prepubertal or early pubertal period, she had a vaguely mentioned brief depression, with bowel symptoms.

Her 'cool soft hands' had provided an incentive to illness and malingering in childhood, both frequently gastric. In early childhood, the patient had had frequent nightmares of being attacked and eaten by large animals. These nightmares brought his mother to his bedside. (Dreams of sharks were very frequent in the analysis.) The patient and his brother came into the mother's bed at least until the patient was nine; and when the father took one of his frequent business trips, there was often frank rivalry concerning the alternation in sleeping with her. Her tastes were luxurious. The patient feels that he was manifestly in love with his mother until the time he married, after which, under the domination of his wife, he became resentful, finally apathetic and forgetful toward her. That the patient also envied some features of his mother's life was indicated by occasional experiments with her cosmetics in early boyhood. At puberty, he used her powder to cover the rings under his eyes ascribed to masturbation or attendant sleeplessness, but comments that he often succeeded in getting only a clown-like effect, a quality sometimes suggested in the analysis, in the patient's repetitious and mournful but self-derisive complaints. The patient noted that his mother used devious methods to extract money from his father. Later his wife showed him to his disgust, how his mother had cheated subtly in an amateur business project.

The patient protested repeatedly that he was his mother's favourite child, and his father's favourite son. He spoke with mingled contempt, pity, guilt, and irritation of his brother John, one and a half years older than he. The brother was and always had been utterly unsuccessful at anything he tried, including his father's business, in which he still remained on a small unearned salary. He had lived at home, with a few brief excursions, directly

dependent on his parents, financially, physically, and emotionally—suffering from occasional vague gastric symptoms and transitory attacks of depression. The patient had always been ashamed of him; neither he nor his friends accepted him. Lacking the patient's facility in argument and lying in childhood, he had been the principle butt of his father's punishments. On one occasion after a joint escapade in early childhood, the brother was struck so severely by his father that his nose bled. The patient was terrified. Nevertheless the brother was also the patient's scapegoat. At the slightest provocation, the patient would literally jump on his brother and beat him up unmercifully. Once, when he ' almost killed ' him, he drew from his aunt an ominous pronouncement about ' a bad end ', which frightened him. Even very late in the analysis, the patient had difficulty in understanding these attacks on his brother, except that he was ' so greedy that he didn't want either his brother or his sister to have *anything* '. His brother did have prettier hair than he, which the patient often seized; and he excelled in a few minor personal talents.

The patient's sister Minerva was born when he was five. The patient vividly remembered his discomfort over his father's preference for the girl child, and the special indulgences accorded her in the household. (The ' disappointment ' with his mother was submerged beneath this, in conscious memory.) This continued during the analysis since the sister, then a matron, still received a regular monthly allowance from her father. She had been, furthermore, an exacting ill-tempered child, crying readily, and given to tantrums when frustrated. The patient was also ashamed of her socially, because of her ineffectuality almost as he was of his brother. The sister was a doting indulgent mother, especially toward her son. She was a strikingly pretty small blonde woman. Incestuous attitudes toward her, like homosexual attitudes toward the brother appeared only in dream material.

The patient grew up in a mid-western metropolis and was graduated from a mid-western university. His university career was punctuated by punishment for a spectacular isolated and impulsive academic deviation allied to ' cribbing ', whose peculiar character made discovery certain, and whose transitory apparent disturbance of consciousness, or at least responsible thinking, had deep ramifications in the patient's psychopathology and symptoms, which cannot be elaborated here. The episode itself precipitated in the patient a severe loss of self-esteem and an involution of overt aggressiveness of any type. He tended to ascribe to this episode and to the subsequent unhappy experience of sudden unexplained rejection by his closest college chum, the foundations of his adult character.

Following a brief independent business experience, the patient worked for his father's firm for eight years. Here he was discontented with his subordinate position, and because he could not or would not openly fight his father (instead, covertly supporting the opinions of other malcontents in the firm), he made a brief effort in another business venture, but had to return to his father's firm for several years. Thereafter, he joined a large real estate firm, where he remained. It was noteworthy that he had originally intended to go into the same business as his father, and to compete with him. The patient always earned a living for his family, but he was never free of a deep sense of inadequacy and insecurity in connection with it. He was also harassed by the feeling that his expenditures were always ahead of his income, a phenomenon which he attributed with intense resentment to his wife who was the dominant marital partner in all spheres. He would have wished to get along by extreme economy; his wife had always driven him to try to meet their needs by increasing his income.

The patient married in his twenties. His wife Louise came from a family similar to his own in general background. She was well educated, intelligent, capable, but harshly critical and exacting toward her intimates, especially her husband. She had been analysed several years before the patient.

The patient had two adolescent daughters, Mary and Beatrice. Mary, the older daughter, was thought by his wife to resemble in many of her personal traits the patient's brother and sister and certain undesirable features of the patient's own personality. When these resemblances were mentioned by his wife, the patient suffered acutely. The younger girl, the wife's favourite, was said to be warm, out-going, attractive, and especially attached to her mother. The patient too felt himself more strongly attracted to the younger girl and he often described her position in the family as similar to his own in childhood. The patient was always excessively concerned with the danger of ' father fixations ', and thus strained to avoid any sort of physical intimacy with the girls.

Aside the malingering, the patient unlike his brother and sister, was frequently ill as a child, his illnesses including pneumonia and mastoiditis before puberty. At ages variously stated from two to four, he had had an operation on his penis, which he spoke of as his ' second circumcision '. There was some degree of hypospadias; the patient thought of the ventral orifice as operatively induced. He recalled clearly the *intense pain on urination* following this operation. A ' first circumcision ', before two, was an occasional questionable memory. His brother's normal penis was an unequivocal point of superiority. Up to the age of at least nine or ten, he suffered from nocturnal enuresis (' sometimes lazy, half-awake '), and occasionally wet his trousers during the day. He recalled, without sense of motivation, the

perverse habit of crossing his legs in order to retain by violent effort, urine or fæces (more often the former), and thus avoid leaving his play to go to the toilet. His appetite was ravenous, especially in the period before puberty, but he never gained weight. He was grasping, inordinately competitive and domineering as a child, and a glib liar to adults. He searched out hidden candies relentlessly, and very early began to steal change from his mother's purse, later from his father's trousers pockets. On one occasion, the mother punished both boys by forcing them to pace up and down the front porch of their home, each one placarded ' I am a thief '. The patient never forgave his mother this severe punishment, which she later denied.

As a child, the patient was defiantly sloppy, as against his father's compulsive neatness. As an adult he was as rigid in his habits as his father. As an example of his early perverseness, he described rolling in the mud in his new white sailor suit, to spite his mother for discontinuing a street car ride which he was enjoying.

His earliest clearly recalled sexual play was in the form of alternate ' free show ' (pulling up of nightgowns) with a girl cousin whom he later adored respectfully, while he suffered on hearing of her intimacies with other boys. This woman (a person of many ' affairs ') appeared in his adult social life, frequently in his dreams, and was at one time so intimately fond of his wife that he became intensely jealous of both of them. At least once in his early years, he exhibited and played with his penis before a woman teacher in school, but he could not recall the consequences, except that she ' told him to stop '.

At twelve to fourteen, in a public toilet, the patient submitted to the squeezing of his testicle by a homosexual, with momentary pleasure followed by pain, then flight to his father who threatened to kill the man. At the age of sixteen, the patient impulsively threw an attractive girl acquaintance on the bed, literally jumped on her, and ejaculated.

Between twelve and fourteen, the patient became aware that a young man was particularly attentive to his mother, when his father was away. On several occasions he listened to conversations by an extension telephone. The patient confronted his mother with her ' unfairness ' and threatened to tell his father if the relationship did not cease. Apparently it was discontinued. In approximately the same period, the patient accidentally discovered masturbation, and began from that point on, a terrific struggle with the ' habit ' (' like dope '). Each episode was followed by severe guilt and self-reproaches. (Later stated as ' more pain than pleasure '.) (Note the similarity to later dietary indiscretions.) At times, in his effort to diminish the ill-effects, he would try to suppress ejaculation, permitting only seepage, and in so doing, would lose or seriously diminish the pleasure of orgasm. He often bathed his genitals in cold water, in an effort to diminish his passion. He felt that a later testicular atrophy (mumps orchitis at seventeen or eighteen) was connected with masturbation, also his smaller-than-average penis, about which he felt intense inferiority. Probably most severe was a spontaneous and persistent conviction that his supply of semen was strictly limited, and that he would exhaust it prematurely as a result of masturbation.

At the age of fifteen or sixteen, the patient was taken to see Brieux's *Damaged Goods*, by his mother. This, supported by his mother's books and gossip about venereal disease in friends' families, was the essential direct sexual threat of adolescence. The patient was celibate until his marriage at twenty-three. He literally fled from the occasional prospect of sexual intercourse. He knew and went about with many girls, and indulged at times in very passionate ' necking '. The flight phenomenon presented itself consciously as an unusually strong sense of taboo about respectable girls, and fear of disease from loose girls. There was also intense sensitiveness about a possible rebuff, and an intense fear that he might not meet the girl's expectations.

During the patient's college career, he became involved in an alternating triangular love relationship, which repeated vividly the essentials of both phases of the Œdipus situation. The essential situation was that of an intense (sublimated) mutual attachment to the man, and a brief interlude of passionate flirtation with his friend's sweetheart, in his friend's absence. To the patient, the tragedy lay in his sense of inexplicable rejection by the man. Only very late in the analysis did the woman seem to have been of other than secondary (or reactive) importance, as an obstinate blurred distortion of the time relations tended to right itself.

When the patient married (at his wife's suggestion), his principal motive was to flee masturbation which he thought would ruin him. The patient's sexual attempts in the first days of marriage were unsuccessful, the failure ascribed to mutual clumsiness and ignorance of sexual technique. Thereafter, for a few years, sexual relations were satisfactory. However, after this period, brief periods of partially disturbed erectile potency occasionally occurred, as well as long periods of sexual apathy. There was a tendency to premature ejaculation early in marriage, which the patient suppressed by effort of will, a suppression which heightened his self-righteous resentment against his wife for what he regarded as her inconsiderateness in intercourse. While extremely courteous toward other people, and generally submissive in really important matters, the patient was often singularly offensive toward his wife in terms of infantile bodily expressions, in that he had a special disposition to belch in her presence, even to pass

flatus in bed, with no apparent effort at restraint. The same was true of sundry noises, especially joint cracking associated with stretching. Nose-picking was an allied problem. Early in marriage, he felt that his wife was too passive in intercourse, that she ' let him do all the work '. Later he felt that she was too much concerned with her own physical comfort, and that she was especially loathe to vary coital positions. After almost two years of analysis, the patient stated as a special grievance against his wife that she would never allow him to kiss her during intercourse.

In the belief that he had made a serious mistake in omitting premarital sexual experience, and in the strong conviction that variety would restore his flagging sexual powers, the patient yearned for a phantasied extramarital indulgence all the time. These phantasies could be equated with his masturbation. On two occasions he had conducted brief actual flirtations of this kind, once consummating unsatisfactory intercourse with his partner, a married woman of his own social circle, with prompt flight thereafter. At about the same period, the patient was annoyed and told his wife of his annoyance (as he had once told his mother), because she often accepted with pleasure the admiration of a neighbour, who continued to frequent their house. The patient's florid extramarital phantasies during the analysis centred chiefly about a waitress in a famous restaurant.

The patient's infant feeding history is not known. Food had been a matter of extreme importance all of the patient's remembered life, and he could recall ruminating on how terrible it must be to be uncertain of one's next meal. The patient himself felt he was pathologically stingy with money. The expenditure which he made most willingly was for excellent food for himself. His parental family were all interested in fancy cooking, finicky in their tastes. His mother always served large quantities of rich and highly-flavoured foods. It was a passion with him, at times a querulous necessity, that his food be served very hot. This preponderant interest coloured the patient's dream language persistently, often when other interests were obviously more important.

The patient received a promised gift of a few thousand dollars from his father on attaining his majority, supposedly for not having indulged in smoking until that age. Actually the patient had smoked quite frequently, but not when it might be seen and reported. The patient never sought to smoke during the analytic hour, and it was only after several months that the analyst learned that he was smoking quite steadily on the outside.

In speaking of the history of his gastric illness, it appeared that he had had a severe sore throat about seven months before beginning the analysis, about three months before the diagnosis of his ulcer. At this time he ceased to smoke. In the period of abstinence, he began to suffer from abdominal ' rumbling ' and pain. He also became so intolerably irritable that his wife persuaded him to resume smoking. His irritability diminished but the pain persisted, and led to thorough medical examination and the diagnosis of ulcer. After more than a year of analysis, the patient, having long resisted the advice of his physicians, decided rather suddenly to give up smoking. At this time, it should be noted, his older daughter Mary began to smoke. The cessation was followed by a period of intense irritability and verbal aggressiveness However, there was unmistakable symptomatic improvement in connection with the ulcer pain. The patient himself was perplexed by the paradox of onset and relief in this connection. It seemed to the writer that there was a strong connection between the content of his anamnestic fragment, the ' sleeping ' paradox (to be described later), the bipolar financial exacerbations of the ulcer pain, and the patient's own repetitious lamentations that he always ' blocked ' himself from getting what he so pathetically desired. In other words, the painful constellation of feelings involved in oral deprivation (castration) would be importantly involved in the symptoms attendant on renewed gratification. The importance of child-as-sibling is also to be noted.

An allied fragment in the background of the transference was the patient's relationship with his personal physician (also a friend), who was a surgeon. This man had made the diagnosis of duodenal ulcer, and instituted treatment. He had operated on the patient's hæmorrhoids. Once or twice, he had suggested that operation was indicated for the patient's inguinal hernia. The patient feared that he was ' too eager to operate '. For a long time (although with decreasing intensity) the patient did not want him to know that he was being analysed. In a certain sense, the patient was fleeing this sadistic father and his own inclination to submit to him, in coming to the magic breast of psycho-analysis, which—for many months—he apparently regarded, because he so earnestly wished it to be so, as an intellectually more acceptable version of Christian Science. (The word ' breast ' is used here and subsequently as a symbol for the actual organ or any substitutive device for sucking nourishment intimately connected with a female object.)

The patient began the analysis in the rigidly compulsive manner which characterized the conduct of his daily life. Free association or freedom of emotional expression rarely occurred. The patient was as careful of his rhetoric as of his clothes. Aside from the element of anal orderliness, this was bound up with the patient's intense need for admiration and love, his fear of risking them, and his deep narcissism. Another conspicuous if contrasting phenomenon in the early period of the analysis was a remarkable pseudo-stupidity, a difficulty in ' understanding ', or remembering—

his own dreams (often pellucidly clear), interpretative remarks of the analyst, important dates or events of his own life. This reaction diminished considerably as the analysis progressed, its functions absorbed by the 'sleeping' reaction to be discussed below. Beside frustrating the analyst obstinately, this pseudo-stupidity was admirably designed to try to prick him to greater activity, even forcefulness. That there was a masochistic wish to provoke angry criticism or abuse such as his brother so often suffered was suggested by later manifested strong feelings of identification with his brother. This was partly from guilt because of his own treatment of him, and partly from the envy of his passive dependent relationship to his father (achieved *via* castration) and (more deeply) his permanent relationship with the seducing mother.

Since the analyst would not grant him the abuse or criticism which he often succeeded in getting from his harshly critical wife, the patient zealously reviled and heaped contempt on *himself*, for his infantilism, femininity, dependency, obstinacy or anything else that seemed even remotely appropriate.

On a few occasions, after about a year of analysis, in connection with particularly exasperating pseudo-stupid reactions, once with transference drowsiness, the patient was observed crossing his extended legs in scissors fashion above the knees. The resemblance to the sphincter phenomenon which he himself had described was unmistakable.

Aside from these symptomatic phenomena, the patient expressed passive demands and expectations of remarkable intensity and naïveté. There was literally an assumption of striking relief within the *first few weeks*, and intense stated disappointment that it was not forthcoming. The question of how this was to be accomplished or just what the patient wanted from the analyst was not clear. Some relatively early dreams illuminate the preponderant character of the patient's unconscious demands. In one dream, the British Navy manned by *women*, has revolted against frightened England. Instead of attacking all of England, they seize two small outlying islands. The patient wonders at their stupidity, comparing them with males. He is 'against' them. The associations have to do with his wife's domination, his own wish to revolt, the recent war events, and most strikingly an article read the night before, about weakening of the English people through malnutrition, since the era of Queen Victoria. With this weakened state, the patient associated himself. In this dream, aside from current marital animosities, the resentment about his own weaning, his reactive cannibalistic aggression, and an envious phantasy of his sister's (and children's) nursing experience are strongly indicated. The enuresis theme is also suggested by the Navy. The dream was followed by severe stomach-ache.

In another dream, the patient lies on the couch talking about a business in which he had been involved, and in which he had failed. As he speaks he becomes 'completely hysterical' with his worry about repeated failures. The analyst thereupon leans over and kisses him gently on the mouth. Some spray from the analyst's mouth goes into his mouth, and quiets him down. He has been explaining how he always travels a certain distance toward success, then loses his interest or ability, and begins to slide downhill. This episode is preceded by a vague fragment of which he remembers nothing, except that it has to do with Hitler and the German police. The associations have to do with mothers caring for babies, the chasteness of the kiss, the spray as a measure to 'make things grow' (as he wished to be made to grow up), and his wish to evoke the analyst's affection and sympathy. In connection with the stated business, the patient recalls the early invitation by a relative with the surname of his mother's admirer to invest in such a business, his own wish to do it, and his father's refusal to permit it. Aside from the obvious passive oral wish, there is basis for assuming the importance of regression from the genital level, because of castration fear, i.e. in the reference to Hitler and to his father's prohibitive rôle. Within a few months after the second dream, the patient did become quite upset on the couch, in a manner closely resembling that described in the dream. However, the basis for the reaction was severe epigastric pain; and the demand that the analyst do something remained as usual unclear, as against the specific wish in the dream. The absence of a breast or breast symbol in this dream, despite the 'spray', foreshadowed a general trend of the analysis. Food and drink as such appeared often in dreams. Only toward the end of the analysis did the breast itself appear as an object of strong interest, in dreams or associations. One may think of this restoration as accompanying the diminution of destructive oral aggressions.

In another multiply determined dream, in which oral sadism and cannibalism are unmistakable, the Œdipus complex may also be discerned. (See Abraham's emphasis on this combination, with disappointment, in relation to melancholia) (1). The patient is to assist a trained nurse to do an emergency appendectomy on an unknown woman on a card table, while the patient's phlegmatic husband stands by. A conspicuous feature is the presence of a large bowl of oyster stew, of uncertain purpose, but most likely for the dipping of the patient. Aside from the protested resentment against the woman's (wife's) domination, the chief associations are: that nurses perform midwifery, not surgery, his own feeling of being 'cut up' at the bridge table by his wife, an emergency operation performed on his mother in the country in his early childhood; his love for oyster stew; his association of oyster stew with genital potency;

his wife's confidential discussion of the night before with a young woman whom she was persuading to be analysed.

The ulcer pain, with insistent demands for its cure, soon began to play an important rôle in the analysis, and the patient's evaluation of his progress, despite the original concealment. The patient was intensely defiant about his mild dietary restrictions. He would frequently tempt and suffer pain by indulging in a cocktail, a cup of coffee, or a spicy food of which he was especially fond. If he missed the pain, he was delighted and utilized this to support his rationalization that since the genesis of the ulcer was ' mental ', dietary precautions were really superfluous. All of this was in significant contrast to a late analytic recollection that he enjoyed tremendously the very frequent feedings of milk and cream at the outset of his treatment. It was also very difficult to keep him in touch with his surgeon friend, who did not know of his analysis. When he did have pain, he regarded this solely as a demonstration that he ' wanted to suffer '—ignoring entirely the obvious aspect of defiant insistence on pleasure.

The pain was especially frequent at certain times not connected with diet ; for instance when business was bad ; sometimes when business was very good ; similarly, when he lost heavily or occasionally won heavily at cards ; when he was disappointed ; when he was impotently antagonized ; when he was impatient, or delayed ; when he felt discriminated against, or unloved. Late in the first analytic period, as the pain greatly diminished, after attaining an apparent peak about a year after the beginning of analysis, a relationship with the analytic hour was often apparent. The pain often began shortly before the patient was to come for his hour, but it usually disappeared during the hour. He sometimes said that this was because he must leave urgent business, the making of money, for the intangible (but indispensable) gains of analysis. However, this was also clearly dependent on the increasing concentration of all the patient's major emotional demands and conflicts in the analytic relationship. On going home in the evening, he very frequently felt the pain, occasionally depression, before dinner. This was connected for a long time with his essentially unhappy relationship with his wife and daughters. Here too it was only very late in the analysis that the pain was felt as something adventitious in relation to potential pleasure in returning to his ' three women '.

Transference Sleep

Although there was an early tendency to drowsiness, this became a symptomatic reaction of extreme intensity and tenaciousness about ten months after the beginning of the analysis. One might say that its development overlapped the peak of the ' ulcer ' complaint of the first period, rapidly reached its maximum, and that it gradually and irregularly subsided, reappearing rarely and slightly even toward the end of the analysis.

With increasing frequency, until it became a regular phenomenon, the patient would become heavy-lidded as soon as the analyst uttered a word. If he spoke more than a clipped sentence, the patient apparently became heavily unconscious, certainly he heard nothing. Yet he usually shook himself and awoke, as soon as the analyst stopped talking. This, he protested, distressed him beyond all words, and was utterly beyond his control or understanding. He reported no phantasies or dreams, if left undisturbed. Slowly and painfully, under the constant pressure to try to verbalize his feelings when the reaction was beginning, the patient made certain direct and relevant communications.

(1) There was awareness of his continuing urgent wish that the analyst talk and make interpretations.

(2) There was obviously some need or wish to exclude the voice and interpretations from his consciousness.

(3) This did not diminish the demand for cure or the resentment over its delay.

(4) There was acute awareness of the socially hostile nature of the reaction, when a friend fell asleep while he was talking.

(5) There was often a feeling that the analyst's voice had a pleasant ' soothing ' effect on him.

(6) Interpretations were often resented as attacks, as painful criticisms, or as the aggressive searching out of matters which the patient wished to conceal from himself and from the analyst. Sometimes there was contemptuous inner questioning of the scientific validity of interpretations, as though they were based largely on the analyst's need to ' show off '. These feelings occasioned an uncontrollable tendency to *a priori* rejection.

(7) The attitude which seemed to assume the greatest importance as time went on was that of hostility and envy that the analyst knew more than he did, that he could not make similar interpretations for himself. The consequence was that he wished the analyst to fail in his efforts.

(8) There was also the tendency of which the patient became increasingly aware, to evade the analyst's (and putatively his own) intention to resolve his dependency (his ' leaning on the analyst ') and to cause him to ' grow up ', a process which he judged would be furthered by acceptance of the interpretations. (In this, the fear of identification through cannibalistic aggression probably played an important unconscious part.)

(9) The ' falling asleep ' device also had a certain resemblance to the peculiar avoidance of responsibility implicit in the patient's enuresis, and in derivative character phenomena, which cannot be discussed in detail here.

During a period of considerable rumination con-

cerning this phenomenon, the patient had a fleeting dream, mentioned as though it were an inane fragment, about a 'dagger in his anus'. When pressed for associations, the patient could recall only his hæmorrhoid operation, which he said (with annoyance) his surgeon friend had performed without a general anæsthetic, in contrast with the good fortune of an aunt, who had received such an anæsthetic. Thus he too wished to submit to an overpowering male by the anal route, but painlessly and without awareness. That there might be a wish to submit to a punishing sadistic father, to be hurt, the patient was only too ready to agree. The possible erotic aspect was less immediately meaningful to him (8).

In another dream, the patient is with Dr. X (associated with the man who had admired the patient's mother when he was a boy) who is part of the government in a strange country, where the patient is only a visitor. Hitler invades the country. He is at first abusive only toward Dr. X, but suddenly turns on the patient, seizes him violently by the ears, spins him about, face forward, then bends him over. As though to assert doubly the intense submissive feminine element in this dream, blending and conflicting with the hidden original longing for the mother, the patient's own chief association, aside from conventional references to Hitler, is the occurrence of lower abdominal pain wherewith he had gone complaining to a local doctor (the man in the dream), thinking that an operation might be suggested, his *wife* having had an abdominal operation during her analysis. The matter of the ears was also spontaneously associated with the sleeping symptom in the analytic relationship (and, by the analyst, with the original 'listening in' on the telephone).

In contrast with these passive attitudes toward his father, the patient recalled overt early competitive and highly contemptuous estimates of the ability and intelligence of his father and his father's friends, compared with his own. The patient's deep competitive envy and hostility toward the father, masked by submissive 'good will', were clearly reflected in dream material, at times almost naïvely expressing the patient's wish that he fail in the sexual act.

The patient's hostilities and consequent anxieties were not directed exclusively toward men. The patient married a phallic woman who quieted his intense castration anxiety and allayed his sense of guilt by fulfilling a certain paternal rôle, even to inducing chronic resentment beneath habitual submissiveness, in addition to her feminine and maternal functions. His wife (like this mother) then bore children, ceased to nurse him (by ceasing to earn money, by diminution in her own parental wealth), accepted admiration from another man, and then turned to a surrogate parent in being analysed. She was left, thereafter, with intensified dependent feminine needs and her cruelly critical sarcasm.

In a dream, the patient is in the street with his wife. She becomes ill and spouts a great mass of tomato aspic from her mouth, making a solid ridge across the sidewalk. The patient is embarrassed and tries to get her away from the place. Angered by his efforts, she turns and spouts it at him. By this time, however, it is a very disagreeable maroon liquid. He runs away, ducking, but she pursues him. The essential associations are as follows: he had a bad week-end with his wife. There was much quarrelling. Her 'vituperation' (especially toward the children) was severe (a 'barrier' between them). He had much gastric pain. Tomato aspic is a spicy food, not good for his ulcer. Blood is also suggested, but not menstruation (when the analyst mentions it) unless it is the wish for menstruation as a barrier to intercourse. He had had intercourse unwillingly the night before. He feels that he tired of his mother as she grew older, and turned to his wife, and that he now wishes to turn away from his wife on the same basis. The orally represented castrative wish toward his wife, the relation between eating and speech, the reversed sadistic impulse (need for punishment ?), the connection of castration with forbidden food, and the characteristic oral-genital confusion are striking features of the dream.

In extremely lucid dream material, the patient exhibited his wish to flee from the castrated feminine object to the phallic analyst. In a dream of decapitated women, the first association with the decapitation was that the women would be unable to talk.

From a symptomatic point of view, it should be noted that the patient had had a transitory period several years before, in which he 'inadvertently' felt women at the waist, in the subway, for a corset or girdle. If it were absent there was a feeling of heightened sexual excitation. This inverted fetishistic fragment was undoubtedly related to the problem of his multiply determined anxiety in relation to a castrated object.

As hostile rivalry and narcissistic pride were more freely expressed, with some diminution of intensity, there was a growing awareness of a vaguely defined but intense dependence on the analytic relationship itself, leading to a few bouts of manifest anxiety and nocturnal insomnia, when the patient felt the relationship threatened, for instance, when his wife was objecting to its duration, in another instance, very pointedly, when he was feeling unusually well and this became the subject of rather extravagant observation and comment. From the untoward reaction to these incidents, the patient evolved the interpretation that he did not wish to get well (in other words, to get from the analyst what he so strenuously demanded), because he would thus lose the analysis and the analyst.

Related to, but deeper than the question of rivalry in an ordinary sense, was an apparent need

to be able to carry out *all* functions himself—to be completely independent, a narcissistic attitude of complicated and multiple genesis which probably made a primary contribution to the need to rival all other objects, including children and women (sister and mother), definitely including the function of maternal nursing. It is likely that the nursing phantasy underlay the obvious fellatio phantasy and the auto-fellatio phantasy, incorporated in his masturbation. A dream illustrating the ambivalent fellatio and auto-fellatio phantasy follows: the patient is in a sail-boat fishing with P. L. The patient tells P. L. to 'pull his line in and out'. Close to shore, P. L. draws his line in and catches a huge fish. He grabs the fish close to the head and removes the hook. Patient pulls his own line up and down, and catches a huge but strange fish. He is uncertain whether it is a dogfish or an 'eating' fish. Patient wakes with an erection, and a feeling of sexual excitement, not present in the dream. The man in the dream is a rich man's (and woman's) son, extremely selfish, apparently not likeable even to his own children, with an inexplicable aversion for sexual intercourse with his attractive wife. The patient spontaneously describes his companion's grip on the fish as similar to the manual grasp of an erect penis. The sail-boat suggests that he is giving up that sport for the summer, as a matter of economy, a procedure unnecessary to P. L. whose two successive inheritances the patient frankly envied the night before, at dinner at P. L.'s house. (The emphasis on the death of both parents should be noted.) Also, he ate excessively in an almost conscious effort to allay his anxiety about business. After several such associations, the patient thinks of the dream largely in terms of his 'sleeping symptom'.

A little more than a year after the beginning of the analysis, the patient began to express the conviction that a major purpose of the analysis was that the patient become able to *analyse himself* in the future, implying that the need for such treatment would never terminate. With this belief came the later manifestly avowed rivalry with the analyst, the deep sense of failure, the persistent sense of need, and the hostile oral urge for identification, in short, the factors which rendered the patient at times unable to accept the analyst's help at all. Toward the end of the first period of analysis, as the 'sleeping' phenomenon became rare, one might think of the patient as in a period of attempted transition from the rejected but persistent passive wishes implicit in it, with preponderant father transference, to an oral clinging to the analyst as a mother, his wife the threatening father, with tentative genital wishes and castration fear. Sibling rivalry, often expressed in earlier dreams (especially the birth or 'entry' of his sister), came conspicuously into the foreground, with material in relation to other patients.

The following dream occurred in a period of restlessness and depression following a brief spring vacation taken after considerable conflict. The patient had also been ruminating with some resentment on pressing and imminent expenses for his daughters. To the patient's amazement, he had not had 'stomach trouble' during either the vacation or the transitory depression following it. One night when the patient could not sleep, he rose and took one capsule from an old phial of sedatives to which he had not resorted for a long time. On returning to bed, he dreamed that he was looking at the bottle from which he had just taken the sedative. There was one capsule in it, which seemed slightly chewed. To his dismay, the chewed appearance was due to two small worms in the bottle, which had heads like little rag dolls. He immediately became concerned lest he had done himself harm by ingesting something contaminated by worms. The patient, on the basis of past interpretations, but with considerable conviction, related the insomnia, the actual taking of a sedative, and the dream sedative to a breast phantasy. The worms he associated with biting into an apple, and the two dolls' heads he associated with the rag dolls his sister kept on her bed as a youngster. The analyst's suggestion that his fear of disastrous consequences from the dream sedatives was connected with his hostility toward the prototypes of 'worms' (his sister, his own children) and toward the breast which fed them, he accepted for consideration. This dream was brought on an extra Saturday visit, which the analyst had proposed in place of granting the patient's urgent wish for a prescription for a sedative.

The problem of the patient's paradoxical 'sleeping' symptom was further illuminated by a dream in the period of its subsidence. The patient is trying to have intercourse with his younger daughter Beatrice. His penis is at her vagina, but does not enter; instead it pushes her up bodily toward the ceiling ('Like a little girl on his knee'). He awakens with an erection, and a 'slight' ejaculation, which he had been resisting. The patient had been missing his daughter, who was away at camp. He remarked on her great charm and attractiveness, his wish to be loved by her as she loved her mother. He recalls 'jiggling' her as a baby on his foot. He remarks on his frequent rigidity and irritability toward this daughter, because she reminds him as much *of himself* when he was young, especially in her charm, attractiveness, and defiant sloppiness.

In connection with the coital attempt, he mentioned only that he would not wish to *hurt* his daughter. In connection with his non-penetration and restraint of ejaculation, he recalled his early difficulty in coital penetration and his earlier efforts to diminish the ill effects of his masturbatory addiction. He made no spontaneous mention of, but accepted with interest the analyst's remarks

that the same daughter had been equipped with a penis in a previous dream and sexually active in relation to him (as though he were mother, and the daughter were he) that he had been aware of his strong passive rivalry with his own sister for his father's love, and that the difficulty in penetration paralleled closely the position in which he placed the doctor, in connection with his rejection of interpretations by falling asleep. The latter, the patient thought, was especially appropriate.

In this manifest dream of incest, obviously multiply determined, the patient turned toward his child, as he would have wished his father or his mother (with a penis) to turn to him. The frustration is a defence against injury (anatomic or punitive) for both participants, but this seems clearest in this dream on the feminine receptive side. The sexual frustration desired for the parents is also achieved by identification.

Original Summary

On the basis of the objectively observed transference phenomena and germane analytic material, a tentative reconstruction of the essential unconscious tendencies was attempted in the second half of the first long period of analysis. It was felt that there was a powerful passive receptive wish of mixed character (involving both libidinal and destructive elements), directed at the analyst and thus originally at the parents. Underlying and determining the vague and mixed character of the expressed demands was the original passive infantile wish for the parental breast and later the penis, ranging from the wish for immediate gratification to the total incorporation of the object.

There seemed ample evidence that the mother-breast transference was primary. The submissive more obviously treacherous positive father transference hid the former and was motivated by guilt and need for punishment, as well as the principle of ' faute de mieux '. Either a breast was sought in the guise of the penis, with pain and humiliation, or the latter was desired because there was no hope of the former, which was now also hated. In attempting feebly to make the transition from passive to active libidinal gratification, the patient was and apparently had been driven back into submission by intense castration fear. To the latter, the unconscious memory of his own cannibalistic oral aggressions seemed at least to have contributed strongly (with more immediate and ' conventional ' factors), when pre-existing psychic constellations had to be shifted to new zones of biological emphasis. In view of the type of oral anxiety exhibited in the transference, one could not say with certainty that the threat or barrier to genital activity was more or less important in leading to permanent and strong orality and general functional passivity, than the primary voracious, anxious, ultimately hostile oral fixation and its inhibitions (20). In a strong feminine identification with passive homosexual wishes, an effort was made to effect a compromise as to numerous conflicting needs and fears, the object, and the bodily zone. This compromise, however, brought up the need to be castrated, revived the old wish to castrate the object, with guilt and inhibition and the classical narcissistic fear and rejection of the patient's own castration.

The patient's intense phantasy confusion between oral and genital activity (probably due to original unresolved oral wishes) readily permitted a ' displacement upward ' (perhaps a ' restitution upward '), so that the prohibited food (or drink) became the penis (as well as the breast) and gastric symptoms the constant reminder of the threat of castration. (Perforation, or hæmorrhage—as in the case of his wife in the dream.) Aside from this, the symptoms seemed also to represent in suffering the insistent original passive wish and need (for the breast) with the several complicated and severe reactions dependent on anxiety, deprivation, disappointment, and sibling rivalry. Whether influenced by a primary narcissism or the anxiety-driven identification with the parent, the same type of pathology appeared in masturbation (and in dream material), in enuresis. In the passive dependent wishes toward an object there was only a moderate and fluctuating degree of spontaneous Ego rejection of the wishes by this patient ; in the case of the auto-fellatio phantasy, the concept was insufficiently developed in the patient's awareness to permit evaluation. Even the hostility, rivalry and fear toward the ' donor ' of breast or penis—apparently the major barrier to consummation—seemed to be based mostly on repressed infantile (Id) factors, rather than on an adult form of repudiation of dependency, as such.

The barriers to the consummation of the patient's insistent passive wishes toward an external object were condensed in the curious ' sleeping ' symptom which arose in the transference. It was thought that this symptom was or was very nearly the equivalent of the patient's gastric symptoms, in terms of an object relationship based largely on verbal communication, and that like the gastric symptoms, it fused and epitomized the patient's pathological infantile relationship with both parents. It was felt that the deepest elements in this symptom, which most often occasioned its rare recrudescence, had to do with the narcissistic representation of the same phantasies in withdrawal from the analyst.

Interval and First Return

Toward the end of the first period of analysis, the patient brought out his disappointment and active resentment toward the analyst with manifest angry emotion, on a few occasions. He also noted spontaneously that his tendency to sleep in the hours might be related to the control of his violent rage, a problem which seemed of increasing

importance later on, for instance in his urge to ' press ' his clients or—as he once epitomized it—to ' knock people down and wrest sustenance from them '. In this period there was, as though on the other side of the coin, a frank dream of turning into a woman, with accompanying wistful desires to own a restaurant or become an inn-keeper, later a frank pleasure in cooking and doing housework, and in jokes at home about how a man could even have a baby if constructed properly. The analysis as a soporific became equated on one occasion with his mother's massage in childhood, the masseuse having appeared more than once in his dreams. In this period too, the patient was awake at night on several occasions, with compulsive rumination about his business. On one occasion, this was associated with an urgent wish to quit the analysis, and with a whirling in his stomach. Significantly, on one occasion, there was an alternation with phantasies of leisure and pleasure, and on another, a dream or phantasy involving drinking. The patient insisted on the termination of the analysis, on the basis of an apparent surging need to be ' independent '. Clearly, this need was related to the intolerable factors in either the manifestly aggressive attitudes or the passive feminine phantasies, or their combination.

In a single interval visit, and on return after a few months, depression was the major symptom, with fleeting suicidal rumination. Nocturnal wakefulness and ' stewing ' were conspicuous. It is important to note that stomach pains were relatively inconspicuous toward the end of the first period of analysis, in the interval, and in the early part of the second analytic period, that is when *depression* was most highly developed. The sense of defeat and failure in business and the analysis were strong, with numerous ' escape ' phantasies, especially in the occupational sphere. In these, the element of feminine identification was strong. Again there was a sense of grievance, reproach and disappointment about the analysis, but now usually not acknowledged as active anger, except in occasional assent to persistent interpretations of the deep hostilities autoplastically implied in the depression, directed toward the analyst (9) and the patients (siblings) who remained with him.

Throughout this period, the struggle with symptomatic passivity was severe. There was often nocturnal awareness of the inclination to stay home in the morning, ' just not work ', side by side with the active obsessive rumination. On one occasion the (not unusual) frank wish that his parents die and that he have his full inheritance came up in the same connection. The advantages of such acquisition over gifts from the living were discussed seriously by the patient. A urinary urge was frequent with the nocturnal ruminations; there was occasional impulse to go to the bathroom to drink water; there were occasional headaches or dizziness. (Nocturnal dizziness had occurred occasionally before the analysis.) In general, the stomach-ache soon became the predominant nocturnal problem, with the biphasic obsessive rumination.

In this period, with more frank expression of diffuse death-wishing envy, hostility, and grasping impulses, with corresponding inhibition and passivity, the objects ranging from wife and parents through analyst and business associates, there was deeper analytic working through of these attitudes.

A long period of extreme sexual apathy inevitably evoked more detailed attention to sexual problems. The early (second) operation was recalled more vividly, with memories of sitting on the pot with a ' big bandage ' on his penis. The patient recalled intense pain for two to three days, during which he would *much rather have suppressed urination*. This came into association with a dream in which he was able to watch his penis through his wife's transparent abdominal wall, as though to reassure himself of its presence. The pain in urination was further associated (by the analyst) with the tears which the patient recalled in his early voluntary mechanical suppression of bladder impulse. Frank sexual comparison and rivalry (genital structure, size and noise of urinary stream) with the father appeared in dream material and childhood memories, as well as their rivalry with his mother in other dreams. The father's attack on the brother also reappeared, and the stated recollection that the patient concealed his interest in his mother from his father thereafter. Of childhood or infantile masturbation, only the school-room episode was recalled. However the memory of his brother's punishment was revived in an hour in which adolescent masturbation was reviewed in some detail. The unconscious effort to reconcile opposing psychic tendencies was vividly expressed in dream material in which, for instance, a threatened jibe in a sail-boat becomes a normal tack without change of direction, or even more pointedly and naïvely in a dream of coitus in which both the patient and his wife are flat on their backs. In a pithy dream expressing the essential non-specificity of his passive wishes, the patient is receiving a packet of bonds with which to ' make his fortune '. The donor is his mother, then his father, then alternating; then he is uncertain about the identity.

The patient spoke often of the ' killer instinct of true males ', which he illustrated by a dream of wheeling two criminals strapped to a carriage, who were trying to get at him with murderous intent, with their mouths. This was associated with the analytic situation. He spoke of probable impulses to assault women sexually, in line with previous dream material. He mentioned his father's annoying requests for confidences about women, and his injunctions about controlling natural sexual ' brutality ' toward them. The manifest violent

wish to tyrannize over his wife and daughters frequently emerged.

Toward the close of the second period, a few developments in the patient's actual life were of special importance. His wife resumed remunerative work. His own business showed remarkable improvement, partly because of changes in him, partly from purely external accidental factors. His sister moved to his near vicinity, mobilizing many attacks of pain and much material about her, which was worked through.

Of special importance was the patient's disclosure, after long concealment, with great guilt, that his earnings had been very large, out of all proportion to the small fee he was paying on a partial credit basis. The patient had been practising the same characteristic concealment in relation to his father, lest he ' lose out ' to his two siblings. The patient liquidated his debt and gladly arranged a moderate increase in fee. He showed marked symptomatic improvement in all spheres. However, he again forced the termination of the analysis in an uncontrollable burst of ' independence ', although in much better condition than on the previous similar occasion.

Third Period

When the patient returned for the last analytic period of a few months, the complaint was that of a severe gastric upset of several days duration, with belching, nausea, pain, and a few attacks of vomiting. This had been precipitated by a literal fight with his wife connected with her vituperative contemptuous attacks on him when he defended his older daughter against her criticisms. The patient could not eat at home. He wondered whether he loved his wife, in fact expressed loathing provoked by her verbal vehemence. The patient was X-rayed again by his physician, who stated in telephone conversation that the findings were those of an old duodenal ulcer, with typical deformity of the bulb, partial healing, and recent exacerbation of symptoms.

The patient was in a generally more aggressive mood than in the past. He was insistent that his wife cease her verbal attacks, accept him as master of the house, accept the changes in him due to psycho-analysis. He was aware of the literal violence of his attitude toward her at times, and of the rôle this played in his gastric symptoms. Characteristically, while he had returned for help, he seemed to resent what he regarded as the *analyst's* assumption that he wanted further systematic work ; he ' sat up ' for several hours to express this attitude. He became more actively critical of his parents, justifying his own apathy toward them. He stressed especially his father's intellectual inferiority to him, his self-absorption, his tendency to give and entertain solely for his own pleasure. To the previous arraignment of his mother, he added that her interest in him was of a prying morbid quality. It is very likely true that both father and mother, aside from their individual traits, together contributed to an incapacitating literal materialism, repudiated by the patient intellectually, but perhaps adding to the depth factors in an anxiety that often led him to measure his security in the amount of money he had in his pocket, rather than in the bank or in securities, not to speak of intangible and remote values. In this period, the patient dreamed of shooting birds in flight, who then turned into a man and a beautiful woman, the woman dying in convulsions.

In the general context, these seemed clearly related to his mother and father in their sexual relationship, and to the original intolerable hostility against the analyst in his biparental rôle, a factor undoubtedly contributing to the patient's successive flights from the analysis. (It should be noted that while dream material, indirect or inferential material, and screen memories occurred, actual primal scene memories were not available.) In connection with the initial covenant of this period, the patient spoke of his impulse to ' rush to the analyst whenever he had a stomach-ache ' ; otherwise he felt no reason to come. When asked why his family physician would not serve as well for this purpose, he responded that that would be ' only a palliative '. The patient had remarkable difficulty in seeing the grotesque inconsistency in this formulation. Certainly in his going and coming, sometimes at the analyst's considerable inconvenience, there was at one level the testing of a parent, the working through of an old fear of arbitrary rejection, beneath the apparent arrogant independence. However, in view of the latter-day manifest material, the shooting dream and the remark about the stomach-ache, it seemed evident that the patient pleading passively for love and help, in a state of suffering, must flee the violent consequences that he feared would ensue were the destructive fraction of the dynamics of his pain to turn again toward the original object or objects, not bound by ' sleep ', depression, chronic physical suffering, or characterological incapacitation.

The patient improved rapidly in this period and maintained his agreement. It was thought at once an important sign and expression of deep re-organization in the patient's emotional life that he ended his brief analytic period with a strong plea that his hours be given to a young woman of his family, toward whom in the past he would have directed only self-absorbed querulousness, who represented a considerable financial responsibility to him, and who often appeared in his analytic productions as a surrogate for his violently envied sister.

Further Discussion

In the light of further material and retrospective review, a few considerations may be noted in addition to those previously outlined. The sharply etched nocturnal bouts seem to state clearly the

co-existence and struggle between insistent receptive passivity and obsessively represented activity (male-female, parent-child), the diffusion of an uneasy alliance. The capacity for a more genuine parental identification in the male rôle seemed to result from the analysis and working through of the untenable aspects of pathological passive wishes, better opportunity for and capacity to accept normal gratification of passive wishes, and finally the analysis of the residual exogenous castration fears.

Early in the patient's long analysis passivity was the pervasive attitude in the patient's actual life and in the transference ; the movement toward the end was steadily in the other direction. One can certainly not assess conclusively, the factors entering into the profound passivity, i.e. as to those basically constitutional or physiological, or fixed as such by early experience, or the result of the severe inhibition of aggressiveness. Anamnestic data, interpretative material, and transference reactions point at least to the great importance of the need to inhibit violent aggressiveness. In several spheres, manual, oral, verbal, genital—the tendency is toward violent forbidden expression, with recoil under severe penalty, probably taking earliest origin and impetus from the cannibalistic oral hostilities of infancy. Again, the well-known factor of violent aggressiveness as a reaction against passive helplessness, or an effort to break through severe anxiety or inhibition cannot be ignored, perhaps as part of a circular or alternating system of impulses. The character of the parents and the early history render it likely that seduction and surfeit in biological gratifications would give rise to intense expectant dependency or its violent (oral or prehensile) implementation when necessary, and that capricious punishment or threat or deprivation would engender violent hostilities, complete inhibition, or their alternation.

The importance of masochism, at least in the sense of the inturning of destructive attitudes cannot be doubted. The patient on several occasions felt sudden relief of pain after an outburst of verbal sadism, in a few instances, after crude manual sadism (for instance, throwing an orange). One aspect of his transference sleep was to protect the analytic situation from such outbursts. When the sleeping, the pain, and the depression were all absent, the impulse was precipitous flight (' Independence ').

The appearance of the urinary urgency and water-drinking with the nocturnal anxious biphasic rumination suggest a three-fold significance of the childhood genito-urinary trauma and its sequelæ : (1) An early (genital) castration threat of great severity. (2) Severe persistent pain associated with primitive bodily ejective experience, favouring retention. (Note the adolescent ejaculatory inhibition.) (3) A general prototype of bodily pain in essential gratification. These are especially pertinent in so far as urinary elements (enuresis) were present in early self-nursing (auto-fellatio) phantasies. (See Eisler's interpretation of his patient's micturition and drinking during sleep as resembling intrauterine phenomena) (6).

Anal data have not been given in detail, for reasons of condensation. These touched on homosexuality, birth phantasies, narcissistic overevaluation of fæces, and resentment of enforced control. (In relation to his wife, the cessation of enemas because of her jeering was especially important.) Those that seemed most relevant to the main theme indicated an intensification of constipation with increasing oral anxiety, usually in the economic sphere, and the converse. On one occasion, the patient reported a large easy bowel movement after anxious over-eating the night before. On one of the rare occasions when he got drunk ' with the boys ', he enraged his wife by having a large bowel movement in bed.

If the related problems of transference sleep and insomnia are now reconsidered, further inferences may be gained. The former was part of the complex manifest struggle with the dependent transference, and may be viewed as the narcissistic equivalent or corollary of the refusal or inability to nurse at the breast, whether primary or secondary to disturbed nursing (20, 17), and thus equated with the prototypic intrauterine sleep of Freud (10). The insomnia supervened on an established passive transference equivalent to the condition in infancy in which oral gratification is necessary to sleep (7, 14, 12). Here the separation or threatened separation from the oral object, especially as active (including genital) wishes began to appear, produced insomnia, since the only viable alternative was the identification with the object by introjection. With the patient fulfilling both rôles, the required oral gratification at night (14) would meet the same complex barriers existing in the analytic situation and there guarded against by the very fact of the transference sleep.[1] This consideration would seem deeper in level than

[1] A striking example of the apposition of the intrauterine and oral phantasies of sleep occurred in a dream of the second analytic period. The patient is swimming alone. He emerges from the water, then runs into it, backwards. Immediately thereafter, he is lying on an oblong structure, just short of the waves. The structure is larger than, but otherwise ' just like ', a coffin. The associations deal with his wife's birthday, stomach pains, camp expenses for his daughters, the ' structure ' as the analytic couch, and most strikingly the sarcastic remark of a wealthy uncle in relation to the patient's troubles : ' Take an overdose of my sleeping medicine any time you want.' His mother's pregnancy and the birth of his sister as important factors in stimulating the patient's own phantasy of rebirth and infantile feminine identification are reflected in a brief dream in which two people are pushed beneath a ferry boat and emerge walking on their hands, feet in air. This occurred during a period where there was extremely frequent discussion of the sister and her current relation to their parents. The immediate association however was with the patient's childhood tendency to stand on his head so frequently as to occasion joking about ' wearing his hair off, instead of having to cut it '.

more obvious factors, among them guilt and self-punishment in insomnia for the hostile frustration of the analyst (parent or parents) implicit in the transference sleep, or for the erotic (masturbatory) phantasy expressed in the sleep. The occasional stupor of melancholia and its very frequent and severe insomnia may be compared in parallel to the sleep phases described in our patient. It should be noted again that the patient's acute depression tended to displace his duodenal symptoms during the course of the analysis. The disturbed sleep (with nocturnal hunger pain) so frequently connected with the duodenal variety of peptic ulcer need not be thought of as exclusively somatogenic. (See the occasional observations of Mittelman, Scharf, and Wolff in which the curve of gastric secretion and motility continued to rise in sleep, following disturbing interviews (15).)

Relation to Other Findings

The first systematic psycho-analytic studies of peptic ulcer were carried out by Alexander and his co-workers at the Chicago Institute for Psychoanalysis (2). In summarizing this work, Alexander states that the peptic ulcer is more frequent in one personality type than others, but there are exceptions. The essential characteristic lies in the *conflict situation*, which may occur in different personalities. One phase of this conflict is the wish to remain in the infantile situation, to be loved and cared for. This conflicts with the pride and aspirations of the adult Ego for independence, accomplishment, and self-sufficiency. Many ulcer patients are excessively aggressive, ambitious, and independent to an exaggerated degree, while underneath, the old passive unconscious longings persist, intensified by denial, and lead to ulcer. The reasons for rejection of these infantile wishes are thought to be (1) narcissistic injury and sense of inferiority, and (2) guilt and fear (especially in connection with aggressive oral wishes). To be fed is regarded as the primordial symbol of being loved. When the adult Ego rejects the wish to be loved, there is regression to the constant wish for food, leading to chronic stimulation of the stomach (independent of physiological hunger) and thus, putatively to the pathogenesis of ulcer. Alexander grants the lesion no psychological meaning, it is only an end-result. In the original Chicago series, there were nine gastric cases, of which six were ulcers (three active, all duodenal), and three gastric neuroses. In discussing the variation in genesis and personality it is mentioned that in two cases, the passive cravings were less severely repressed than in others, and that in these instances, there was a history of extreme and early deprivation in childhood.

The later study of Carel van der Heide (19) includes two analysed cases of ulcer, both males. In brief final summary, van der Heide says : ' An oral regression, following earlier female identification and a sudden renunciation of aggressive tendencies were found to have been of definite importance for the development ' (of the ulcers).

If we now evaluate our material against the original formulations of Alexander, the following may be stated. The patient did present the extreme wish to be loved and cared for in a passive manner, and also the inhibited severe oral aggressions, which are included in the formulation. Denial of the purely passive attitudes has been, however, only partial and often very weak. This relative failure of denial, as in van der Heide's case, was apparently *not* based on *gross* early deprivation. (The deprivation may have been very subtle and intangible, based on a characterological lack in the parents.) On the other hand, as evidenced in dream material, behaviour, and transference reactions, severe interference with the passive wishes occurred on the basis of multiple unconscious conflicting impulses, of which narcissistic self-sufficiency (and appropriate anatomic phantasies) of very deep infantile genesis, similarly determined rivalry with and hostility towards the donor, the defence against cannibalistic and castrative wishes, and displaced genital castration fear were most conspicuous. Harsh super-ego development and perhaps an early orientation toward direct suffering may have influenced the choice of this disease instead of a possible alternative, such as alcoholism, which was frequent in dreams.

Van der Heide's statement of the common large features of his two cases (19) could almost equally well include the patient described in this report. Of special relevance, in van der Heide's cases, is the statement of ' strong narcissism ' in one patient, and the occurrence of enuresis in both patients. In putting the emphasis on the submissive withdrawal from (male) sexual competition, passive feminine identification, oral regression, and reaction formation, there is a relation to the statistical observations of Draper and Touraine (4). These mechanisms occurred in our patient, with the exception of the reaction formation. It must be reiterated that far more primitive mechanisms than reaction formation or denial interfered with our patient's passive wishes.

A strong impression from this case would be that the fear of violent oral hostilities and their projections contributed preponderantly to the patient's suffering in and failure to establish an effective passive receptive rôle, and that they contributed importantly to the severity of genital castration fears (13), wherein there was also a not inconsiderable component of seductive excitation and danger in the Œdipal situation, including severe genito-urinary pain. In this connection it should be noted that recent laboratory studies at least establish the fact that hostility (among other emotions) *can* invoke the gastric physiological conditions predisposing to ulceration (15, 17, 21, 22). A fusion of the eating and destructive impulses in the sense of

devouring has been suggested as a possible prototype for these conditions (5).

In this connection, Garma's emphasis on the forced internalization of biting impulses is relevant (11). His report is based on the common features of four cases. He stresses the importance of infantile oral fixation to the mother, and the ulcer as a 'wound of separation from the protecting mother'. To the patient's own internalized aggression is added the acceptance of external aggression, a tendency also determined by infantile experience. Garma also emphasizes the neurotic tendency to re-establish situations unfavourable to the illness, hence the special importance of deep psychotherapy.

The biphasic problem of sleep strongly suggests that the *Anlage* of this patient's psycho-physiological disease lay in the sado-masochistic and libidinal borderland between the intra-uterine type of sleep and the need to establish normal sleep through the sucking of a breast. Such a depth consideration would be of importance in relation to Alexander's statement that the ulcer has no symbolic significance. (Garma's inference was that the lesion was definitely meaningful, like the vasomotor disturbances of hysteria.) It could legitimately be argued that the ulcer might achieve psychological meaning only after the fact. However, if its potentiality lay in the earliest experiences and dynamics of life (16), this *Anlage* might well be anterior to ordinary symbolic thought and thus importantly germane to the development of all further symbolic tendencies. The material in this case at least suggests such a possibility.

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THE ANALYSIS OF AN EXHIBITIONIST [1]

By MELITTA SPERLING, New York

At the time treatment began, the patient was twenty-nine years old, single, and a professional man. He had been apprehended for the first time in 1938, when exhibiting himself in a subway train. At the police station he attempted suicide by hanging and was taken to a mental hospital for

[1] Awarded the Clinical Essay Prize for 1947.

psychiatric observation, a very disturbing experience for him. At that time the psychiatrist who saw him advised psycho-analytic treatment. But the patient could not accept this advice. His sentence was suspended and he was put on probation for one year. Even within this period, he exhibited himself at least once a week. He was apprehended again about a year later and this time he was sentenced for one year—with execution suspended. He went to see the same psychiatrist again, and asked him for a letter to the court. This time, the psychiatrist insisted that the patient be treated.

In his first interview, he seemed rather embarrassed, and at first would not tell me why he had come. He tried to evade the question of fee and was, in general, very much on the defensive. Except for his exhibitionism, he considered himself well.

The patient is the oldest of four children. One brother is two years younger, one sister six years younger, and another sister eight years his junior.

He described his father as a domineering person who would often punish him. As the oldest child, his mother would frequently call on him to help with the housework and to mind the other children. He disliked doing this and envied his brother who was spared such duties. The patient stressed the fact that he had hardly any feelings for his family and nothing in common with his brother, to whom he felt superior in every respect. He had been brought up very strictly by both his parents, and sex and everything connected with it was taboo in his home.

He had had some difficulties in grammar school, especially in arithmetic. He was 'left back' in the first grade, but he completed both college and graduate school successfully. Although he appeared to be physically feeble, he claimed to be a good athlete, explaining that 'there always seemed to be an element of danger that attracted me'.

He felt that nothing of importance had happened during his childhood, and thought it queer that people should remember things which happened when they were very young. He himself could not remember anything that happened before he was twelve, he said. He remembered the age of twelve specifically because at that time, he claimed, he first got acquainted with sex. It was then that some of his friends showed him how to 'bump' girls, and some of them told him that they had had intercourse with girls. Once, when he was fifteen, on his way to school on a crowded trolley-car, he was pushed against a girl, and thus experienced sexual excitement. From then on, he made a habit of travelling in crowded cars, and gradually developed a technique in touching a girl's arm, breast, thigh, genitals; and then, after doing this, he would exhibit himself. As a boy, he was caught several times, usually by women, but he was never reported to the police. Once a woman called up his parents, who were very much disturbed. His father scolded him and his mother took him to a doctor, who said that he would 'outgrow it'.

He started to masturbate when he was about thirteen years old. His relations with girls consisted of petting and mutual masturbation. As soon as a girl became attached to him, he lost interest in her. He had intercourse for the first time when he was twenty-five. Both before and after intercourse, he masturbated and had an ejaculatio præcox. During the few times he had intercourse, he was always unsatisfied; he would have either a premature ejaculation or be impotent altogether.

In his opinion, three things were responsible for his condition. First, his father and mother are first cousins (heredity); second, his middle name is Percy (a girlish name); and third, his penis is too small. His attention was first drawn to the smallness of his penis when the psychiatrist who examined him, looked at his penis and said, 'adequate'. If he had only lived in a small town, he argued, it would not have happened. He also blamed women for his exhibitionism because they encouraged him.

The patient did not know anything about psycho-analysis, had never read about it, and was terrified to learn that it meant long treatment. During the first sessions, he exhibited himself throughout a detailed description of all his relations with girls. When this exhibitionism on his part was pointed out to him, and the basic principle of psycho-analysis explained again, he would either have so many thoughts passing through his mind at the same time that he did not know where to begin, or he could not think of anything at all. In short, he wanted to create the impression that he could not perform his rôle in the analysis.

At the end of two weeks, he told me his first dream:

Gypsy Rose Lee, two friends and I were involved in some sort of kidnapping. We were led through several rooms to a short man with a beard, whose name was Gypsy Rose Lee. I escaped somehow. I was in the company of a girl, the real Gypsy Rose Lee, and I had the feeling that she needed a job. Now I was back at the same place. I asked her to sit down and I asked for the boss. When I saw the girl, I told her to show me her stuff, to show me what she could do.

In this first dream, he already revealed one of his main mechanisms of defence—that of putting himself into the active rôle by converting what he experienced passively into doing it actively himself. While, in actuality, he is the patient and I am to help him, in his dream he is the one who escapes and helps the girl who is in need of a job. Gypsy Rose Lee represents a mixture of the psychiatrist who sent the patient to me and myself (confusion of man and woman). The kidnapping

expresses his true feelings about the analysis, from which he would very much like to escape. ' To show me her stuff ' hardly needs any interpretation.

After the interpretation of this dream, the patient wanted to report his dreams regularly. He told me a whole series of dreams with clear symbolic material, which, at this phase of the analysis, could not be interpreted to him, but which were nevertheless very helpful for my understanding of his unconscious. His dreams were unusually long (in my opinion, probably a characteristic of exhibitionists in general) and therefore can only be reported in part. The following dream touched off the patient's fears about the penis being retained in the vagina :

A man sold vacuum cleaners. He said, ' With this kind of container you can put your hand inside.' At first I saw it was a hole. Then the hole got smaller and smaller, and finally, there was no hole at all. The man put his hand in and then I put my hand in. Then I tugged and tugged ; it was frozen cold inside and I got my hand out finally, except for the right index finger. I tugged again and then got my finger out. I was worried that it might be frozen and gangrenous and afraid that it might break off.

In his associations, he brought out strong feelings about vaginism. A disturbing experience in the subway added to these feelings. Once, while exhibiting himself, he put his hand between a girl's legs and became terrified when he could not readily withdraw it because the girl had pressed her legs together.

A series of dreams and their associations brought to the fore his confusion of the sexes. In one of these dreams, of which I am quoting part here, he is not only equipping the analyst with the sex organs of both sexes, but also confusing her identity by seeing her alternately as herself and her daughter just as he confused his mother with his sisters.

As she approached me I noticed that her breasts were abnormally high and not quite full. She also had a penis and scrotal sacs. She put her arms around my head and I could feel her soft warm flesh. She spread her legs to sit on my lap, facing me, and so I looked down and could see that she had two supernumerary legs between the natural ones. She seemed to convey that I was ready for intercourse now. I started to feel whether her vagina was normal, still excited and not at all horrified by her abnormalities.

Again we see how he is using the mechanisms of denial and over-compensation in order to cope with his castration fear. The analyst is not only not castrated, but even has two supernumerary legs, and he is not horrified, but excited, by the abnormality.

The first weeks of the analysis were spent in analysing the patient's defence mechanism. He was always late for his appointments, missing half or more of the allotted time. He never called to let me know that he would be late. It was obvious that he wanted to keep the analyst in suspense, just as he kept his mother in suspense. He knew, for instance, that whenever he was late, his mother would be in dreadful fear that he had been apprehended. He was tireless in relating his adventures with girls. He claimed to be very anxious to have intercourse, and complained that the girls denied it to him while they gave freely to his friends. He spoke of his first love, a girl friend of his sister's, whom he had courted until he found out that she preferred another boy. This was a very frustrating experience for him. His reaction to it was ' while formerly I worshipped the Fair Sex, now I felt a deep contempt for them '.

To the patient's amazement, by and by, recollections of his earlier childhood came back to him. Outstanding in his mind was a screen memory from when he was about two years old—the year his brother was born.

I am in a carriage, standing up and calling for my aunt. My brother is in his crib. There is no affect whatsoever connected with this memory.

He now began to speak about how unhappy he had felt as a little boy and how little understanding he had encountered. Once he thought it would be best to jump out of the window. Then, at least, his parents would be sorry and thus they would be punished by him. He also told of a very disappointing episode with the sister nearest him in age. Through her curiosity and questionings, she had induced him to masturbate in front of her, and then she had betrayed him to his grandmother when he tried to repeat the experience with her.

At this phase of the analysis the patient, while spending a week-end in the country, became acquainted with a girl who promised to have intercourse with him when they returned to the city. But when he came to her house, she laughed at him, denied everything, and made a joke of it. He claimed that he didn't care because she did not look at all pretty and had halitosis. ' To tell the truth,' he said, ' I did not feel like it at all.' However, as a reaction to this experience, the patient exhibited himself for the first time since he was under analysis (four months). He had felt frustrated that week-end in many ways. His car had stalled on the way home and he felt that, in comparison to his friends, he had been unsuccessful with girls. To top it off, came the experience with this girl.

It now became obvious that his exhibitionism was linked with feelings of frustration and reaction to disappointment. This was corroborated by the patient, who related that while he was on probation and had to appear every four weeks, he exhibited himself regularly on his way home from court. He did the same also, whenever he had to appear in person to pay a fine for receiving a ticket.

An experience that he had while he was away with a girl and with another couple one week-end, made it possible to analyse with him his need for

rationalization and projecting his feelings of rejection on to women. When the girl was ready and willing to have intercourse with him, he gave away his condom to his friend in this way preventing himself from having intercourse. By rubbing himself against the girl and thus bringing on an ejaculation, he was exciting her sexually, yet teasing her out of any satisfaction. Dreams and associations brought out his strong sadistic and punishing impulses for women, which, in projection, were responsible for his fear of women. This can be best illustrated by the following part of one of his dreams :

It seems that there was a group of male lions. (' Only recently did I notice that the female lions looked so different from the males,' he remarked.) It seemed that these lions were a kind of hybrid. They looked like handsome, powerful creatures, crossed for a long time between the previous generations of lions and some other animals. I was going to have intercourse with one of these lions. There was a wooden base and tree trunks. I noticed a hole in the centre of the base where my penis fitted in. I either had intercourse or I masturbated.

The associations to this dream show that the girl with whom he was acquainted and with whom he seemed so eager to have intercourse, was represented by the lion. Her body was hairy and her head reminded him of a lion. In his dream, he was also afraid of getting a splinter into his penis. From his associations it became evident that the woman, to him, is a devouring lion and the vagina a dangerous hole (mouth) where his penis could be hurt. In connection with this dream, he also expressed ideas of self-castration, e.g. taking a knife and cutting off his penis himself. This we could understand as an indication of his extreme inability to tolerate suspense or any kind of tension. ' If it has to happen, let's get it over with. And I'll do it myself ', is his attitude.

These feelings for women and his strong distrust are also reflected in the transference situation, which is best illustrated by the following dream :

Coming down the street, I noticed a woman who looked suspicious to me. She seemed either drunk or a kidnapper, and I wanted her to be arrested by a policeman, but he refused to do so. Later, I realized that she was a kidnapper and that she wanted to kidnap me. I continued on my way. The policeman went with me. The woman was following us. I could not walk fast enough. Then she asked the policeman, ' Do you think it is worth it ? He has sixty dollars'. (The patient's fee was sixty dollars.) The policeman was just a lure, and the woman resembled one of the entertainers in the X Club. Any girl could do it.

His feeling that the analyst (mother) wanted to get him into her clutches and that she was interested only in his money (what she can get out of him) was reflected also in his conscious attitude. He was now always late, brought no material, and wanted to convince himself through his spiteful and provocative attitude that he was not afraid of the analyst. In this way, since he wanted to escape the analysis, he also tried to provoke the analyst into giving him up—a mechanism which he had successfully applied in his association with women. As on several former occasions, when he got into this trend of resistance, he tried to break off his analysis. At such times, he developed colds, which helped him to stay out of the analysis for at least a day or two. This attitude also indicated that we were, so to speak, approaching dangerous ground, and further demonstrated the patient's inability to tolerate tension.

Now, instead of being able to remember, he began to act out the Œdipus Complex. He became interested in married women and in women belonging to other fellows—like his brother's and his friend's girl-friends. His conscience bothered him somewhat, but he pushed it aside with the following remark : ' My friend has so many girls anyway with whom to have intercourse. Why should he begrudge me just this one ? '

The dream material which the patient now brought, as well as his general attitude, revealed that, as a defence against the Œdipus temptation, he was seeking refuge in homosexuality. He had a series of dreams, mostly wet dreams, with only slightly disguised homosexual content. For instance :

He is in a playground with other fellows, fighting about a ball. The conversation is : ' Take off the glasses you're wearing, and I'll sock you one ', to which the patient replies : ' God damn you. It's not your ball.' They then fight. He says to his brother : ' Hold my glasses.' The dream ends with, ' we both got black eyes '. (Wet dream.)

At this time, the patient very often complained about headaches and insomnia and he frequently took sleeping pills at night, as the analysis revealed, to get some sleep without having to remember his dreams. The analysis of his dream material was embarrassing for him, and he wanted to avoid it. He slept in one bed with his brother and, as he confessed, he took allonal, also in order to sleep soundly and not to be responsible for what happened during the night. It came out at this time that he very frequently touched his brother with his penis during the night, and that he embraced him in his sleep, as the patient said, believing that his brother was a girl.

In this connection, the following dream may be of interest :

It seemed as though I was in bed with a girl. I was there, feeling for her genitals. Suddenly my hand went in, up to the wrist. I was startled. She turned around. But now it seemed to be my brother.

He also brought out very strong feelings for a college friend to whom he had lent some money in the belief that this loan would further the friend-

ship. But this friend still owes him the money. The patient's attitude towards this friend was almost paranoid. He had ideas that he was being persecuted and blackmailed by him. After this had been analysed, the allonal period was overcome.

During this phase of the analysis, the patient was caught between the dangerous and forbidden hetero- and equally dreaded homosexuality. The Œdipus conflict was now brought into the analysis and it was possible to interpret to the patient his incestuous cravings and his fear of punishment by his father. In comparing himself with his father, the patient brought out strong feelings of inferiority. His father could do everything well. He was an excellent worker, had a powerful blow, was a successful business man. The patient, who complained that he could not even take care of his own finances himself and had to have his father handle them for him, even admired his father's handwriting.

These feelings also were linked up with a great amount of resentment for his mother. While before, he had related experiences from childhood in a very unemotional way, now these same and other earlier experiences were brought up again with great emotional display. It was possible to show him that the lack of memory that he had previously claimed had been a protection against being emotionally disturbed. His envy and jealousy of his younger brother whom, in order to protect himself against hurt and mental pain, he had completely devaluated in his mind, were also brought out in the analysis.

In addition, his extreme resentment of his mother for preferring and protecting this brother came out with great affect. He now would speak of how his mother had had him work for her and mind the babies and how she would tell on him to his father when he came home, who would then dish out terrific punishments. At times, he had felt so unhappy that he had considered jumping out of the window and he had thought how the blame for this act would fall upon his parents. Then, he thought, they would be sorry.

He related again, this time with a great deal of emotion, how his sister had once betrayed him. At first she had induced him to show her his penis when they were together in the bathroom, but later she told the grandmother when he tried to repeat this on another occasion. He told too, of his sister's friend, who had pretended that she cared for him, but who had actually only used him as an intermediary between her and his friend whom she preferred. All in all, the feeling was that ' women are no good, and you can't trust them '. While this was being worked through, his interest in collecting girls diminished : he was now satisfied with being acquainted with only one or two girls at a time, but he still could not have intercourse. His reluctance concentrated around body odour and bad breath. His attitude toward these girls, as he himself was now aware, was rather contemptuous. (' They stink.')

It was at this time that he picked up a girl in a trolley in whom he became very much interested. Kitty was very affectionate and made no bones about it. She cared for the patient very much : she invited him to her home where he became a regular visitor, and she encouraged him to have sexual relations with her. But he had a premature ejaculation and very often did not have intercourse at all, rationalizing that he didn't want to wear her out.

The first time he stayed over at her house and awoke in the morning, he had a feeling that he was taking his father's place. Somehow this thought suddenly reminded him of the previous night when he had seated himself in his father's chair. His mother had told him to get up : this was his father's chair and was not to be used by him. To this guilt feeling were added feelings of guilt in connection with a series of dreams, in one of which he remained a passive bystander when his father was hit by another man. In another dream, he did not protect him (father) when somebody took away his car.

He claimed that he felt very much disturbed by the fact that he could enjoy his father's being hit and he worried that he should not have helped him. He was also disturbed about his parents' coming anniversary. He did not know just how he should behave. He had never been able to show any affection for his parents but this year he felt it would not be right for him to ignore the occasion. He mentioned a little incident that he thought was rather unusual for him. On the past evening, when he had taken a glass of milk, his brother told him that he was drinking the last glass in the house and that it had been intended originally for his sister who was sick with a sore throat. ' I felt uneasy ', he said, ' and thought of my analysis. In the end, when I thought that it might disturb me, I went out and bought some milk. Really,' he said, ' I did it for myself.' And he discussed his inability to show emotion, as though this were dangerous. ' I was never disturbed by emotion before and now not a day passes without my being bothered by emotions that come up.'

Nevertheless, since he seemed to feel sure of Kitty's devotion to him, he managed to associate with another girl and to tell Kitty about it in order to hurt her sadistically. In the transference, he tried to do the same thing with me, playing both girls against me and showing me how they appreciated him.

A dream typical of his attitude is the following :

It seems that I had been out the night before with Paul (cousin Paul, also the patient's own name) ; we seemed to live in one of the old brick houses. Only my father was asleep at home in the

next room. You had to come to my house for the analytic session. I was on the couch in the parlour ; you were in front of me. The bell rang. Paul came in. I didn't explain anything. You spoke loudly. I wondered, would Paul recognize the situation ? You didn't answer the question of individuality. I thought I would pay you now. A few of my aunts had come. You were dressed in a dark blue coat and plain hat like a social worker, perhaps a little better.

He was having an affair with both girls at the same time, and he told Kitty about the other girl. Kitty, however, seemed to take this in her stride. The patient complained about being tired, about being afraid of getting sick. ' It's too much for me ', he would say. Whenever he could, he avoided having intercourse with the excuse that the vagina was not lubricated enough or that he could not get in or that it was peculiarly shaped. He suffered from an ejaculatio præcox and a strong fear of impregnating the girls. Repeatedly, the girls told him after intercourse, ' I'm not getting anything '.

His need to punish the girls and to revenge himself on women, as well as his inability to give, were being analysed at this time. Although reluctant at first, he did begin to admit that he liked Kitty. He liked her company and on days that he did not see her, he felt lonely. Finally, the patient broke off with the other girl.

When Kitty told him that she had been married and had divorced her husband, he seemed disturbed at first. But, actually, this knowledge only intensified his feeling towards her because it meant to him that he was preferred above her former husband. Sexually, they became very compatible ; he was able to last in intercourse until they both had an orgasm simultaneously. Although this made him feel good, he was bothered by the feeling that Kitty might compare him to her husband and he wondered whether she thought that his penis was too small. This feeling came out in dreams and associations :

I went to work for a day in my father's shop. At lunch-time, Hymie, a fat fellow, who used to partake of my mother's lunch, noticed an unusually big lunch in the bag. He ate up most of it, left only two little pieces of chicken and a roll for me. I was angry but I didn't show it. He should have left more for me. I grabbed him in the back, and pulled his hair. You know this can really be rather painful. . . . A few of us had come together to play ball. Milton, Lennie and I went to the bathroom to measure our penises. We had them all out : Lennie's (his brother) penis was thin like a cord but long—six to seven inches. Milton's was larger than mine. It didn't seem to bother me that mine was a little smaller. It seemed that I compared Milton's with Kitty's as though she were a boy . . .

As his attachment and need for Kitty grew, and as the analysis advanced, his very strong repressed resentment and hostility towards women began to come to the fore. His sleep was disturbed and a series of nightmares elucidated the emotional situation at the time.

I was riding in a car with Hilda (a cousin who had died recently) : In an old Hudson which belonged to her father. She had a dog so fierce that only she could control him. The dog jumped at me. I was almost knocked unconscious.

Another nightmare was about Dracula and vampires who wanted to suck him empty. These dreams and his associations revealed his own oral aggressive impulses of sucking empty and biting which in projection were directed toward himself.

As always when he was disgusted with and frustrated by women, he tried to turn toward men, as is reflected in the following dream :

Early in the morning, I went to the barber for a haircut. He was already open. One part looked like a restaurant already set. He was dusting around. Just then, when he was ready to take care of me, two other men entered. I thought they might interfere with my haircut. I went to the chair. (Here the dream ended.) I was seated at a long table with a fellow, Harry. I asked him to pass a piece of cake to me. Jim (the fellow for whom he had very strong latent homosexual feelings) took out a piece of cake. He made it wet. I didn't notice it. I almost carried it to my mouth. It was a disgusting sensation when I discovered that it was wet. I felt like throwing it right back at him. I turned to another fellow. ' Hasn't he got a lot of nerve to do that ? ' I asked. I didn't throw the same piece back at him. There were other pieces. I wet one and inconspicuously threw it at him. He dodged a few pieces but then I think I did hit him with one. I was crossing the street when I noticed that he was following me. I wondered if he intended to push me in front of a car. I manœuvred to get in back of him, felt as if I would like to push him under a car. I twisted his arm, pushed it under his back. He let me push him although he had very powerful hands. I did give him a kick in the behind and then felt we were even.

He was very much concerned about the size of his penis and many times he wanted to ask Kitty whether she thought he matched up to her former husband. His feelings of inferiority regarding his penis coloured many other feelings about himself (he was really very bashful and very sensitive).

These feelings of inferiority, his mechanism of over-compensation for them and his need to exhibit can be further demonstrated by the following dream :

I was getting undressed, taking down my trousers, and shorts. I wondered what the reaction of the boys would be to the size of my penis. I started to have an erection. They said, ' some size ! How can you go to the beach with Kitty with a thing like that ? '

He was confused about his feelings for Kitty now. Without her he was lonely, and he felt that he needed her. But when he was with her, he thought her not particularly pretty, ' nothing to show off ', and that she smoked and talked too much. After he introduced her to his parents, and realized that they weren't very pleased with her, he masturbated and felt very guilty about it.

At this time his mother left for the country. He and his father were to stay at the city apartment while his mother was away. His mother's leaving him was very trying for the patient. He had been apprehended for the first time when his mother was away in the country. But this time, he felt secure in his relationship with Kitty. It was interesting to note that it was very consoling to him to feel that his mother had stuffed the ice-box full of food before she left, although he thought with regret that this was meant not only for him but also for his father. It became more and more evident that food was very important to him and that he was measuring affection and love in terms of it.

It was at this time, also, that he was so gratified with Kitty for permitting him to play with her breasts, and yet, at the same time, he was critical about their softness. As demonstrated previously, he was greatly confused about the sexes and it soon became obvious that breast and penis were interchangeable in his mind. On one occasion when speaking about food and remarking that he now had become a good eater, whereas before he had been finicky, he said, ' It seems I'm indulging in food instead of indulging in exhibitionism.' Indicative of the truth of this is the following dream :

I went to the theatre to buy two tickets. I took an elevator up to the top. There was a fellow who took out some peanuts. He asked me if I wanted some. He started to eat in a peculiar way ; he just opened one end. Some of them were pretty large. I ate a few ; they were rather warm. While the patient told of this, he was reminded of masturbation. He was also reminded of the previous night when he ate so much at Kitty's house that she looked at him in a disapproving way. He had felt hot and was sweating that night and he had wanted to take off his shirt.

I tried to eat in the same way as the other fellow but I couldn't do it so expertly. They were very large peanuts. At first they tasted good but then they had a burned flavor.

The dream went on to a part in which he had to mind his sister's baby. He forgot to feed her, and when his mother came back to the house, the baby was crying. He felt very guilty about his negligence. (This is how he reproaches himself for not satisfying the woman.)

In connection with this, his ideas about fellatio and cunnilingus came up. Once, when he actually was watching his sister's baby, he had had to fight off the impulse to stick his penis into the child's mouth. With this, memories came up from his childhood ; he remembered how envious he had been of other children who got candy and other good things in contrast to himself who got only a penny once in a while. He remembered an experience he had had some time before. While driving in his car, he saw children playing and eating lollypops in the street. He recalled that he had experienced a very peculiar feeling, a strange longing and at the same time an excitement familiar to him as the excitement that preceded his exhibitionism.

In this connection he recalled another screen memory, in which he sees himself on a porch. A phonograph is playing : he is very small and feels very peaceful. His associations to this memory lead him back to his earliest childhood—to a country place where he stayed at the age of two or three. His brother must have been just an infant then. It was not a peaceful time at all. The turning of the phonograph that is very clear in his memory, and the music that is so peaceful, remind him of sleeping with his parents then. He remembers that they had one room, and that his father would come for the week-ends only. This is suggestive of an experience, at that time, of observation of parental intercourse.

In the other memory, already mentioned, he is in a baby carriage, calling for his aunt and his brother is lying in a crib. His associations to this go back to the time when he was very little, just after his brother was born. He remembers that his mother told him later how jealous he had been of his brother. All he knows of this period is that he was very unhappy and preferred to be at his aunt's house—the same aunt for whom he was calling in his screen memory, his general feeling being that no one cared for him. He remembered how, at the age of five, he was actually staying at this aunt's house, because his brother was sick, and how, when his aunt wanted to give him some extra consideration, his uncle would interfere. In this memory were contained his very painful feelings of being pushed aside for the sake of his brother and his father, who was represented by his strict uncle.

The following dream again brings out how breast and penis mean the same to him and how confused he is about sexes :

I and somebody else caught some fellow who had done something he shouldn't have done. He persuaded us to let him make a ball of wax. He fashioned breasts out of it. He made titties. I was lying on my bed on my back. Some man came over and said, ' It's a candle factory '.

The situation in his dream reminded him of the past night when he had lain on the bed at Kitty's. ' She has a nice figure,' he said, ' only her breasts are too loose and her arms and legs too thin.' On the previous day, also, there had been a short circuit in his house and he had had to use candles.

' And candles,' he said, ' are what girls use when they masturbate.' He likes to suck Kitty's breasts, to place his penis between them, and to look for hair there. He was conscious of a desire to have her suck his penis, but he did not dare to ask her to do so. When Kitty sucked his breasts he had a very tender feeling for her and at the same time was usually so stimulated that he came near to or did have an orgasm.

And he tells also how, previously when one of his patients came late, he would feel so frustrated that he would go to the window and masturbate, evincing an inability to tolerate uncertainty and tension of waiting.

I had prepared the patient for my vacation, and although he would not admit it to himself consciously, he felt very frustrated that I too, like his mother, was deserting him. When I interpreted this to him, he told me that when on his way to my office, while thinking of a nice piece of work he had done for a patient, he had noticed an acceleration of his pulse and an excited feeling like he had had preceding exhibitionism, especially exhibitionism to a girl interested in the act. He understood this to mean that she wanted something which she would not get and that he was in this way expressing his feelings of resentment towards me for not being appreciative. While he was doing so much (a piece of good work) for his patient, I wasn't doing anything for him. I was leaving him, and this was because I didn't care for him, for if I cared for him I would take him with me. He felt himself abused by me, just as he had felt abused by his mother when, as a boy, he had had to scrub floors and do other dirty work while his brother was protected and preferred. Now, although he was working for me, I, like his mother, did not appreciate him.

On my return from a month of vacation, he reported that a week after I had left, he had bumped against two adolescent girls at the beach just as he used to do when an adolescent himself. He felt guilty about it. While, up to now, he always used to relate very long dreams to me, now, suddenly, he was forgetting his dreams. He became less talkative. This resistance was interpreted to him as an expression of his resentment for my having left him. He showed a very strong impulse to avenge himself by talking of his practice and assuring me that, in contrast to other doctors, he was much more concerned about his patients than they were about theirs. He also spoke of the fact that he was now earning enough to be completely independent and he told of having a greater need to look at pretty girls with an urge to masturbate. He spoke of the contrasts between his feelings on his way to and from the analysis. On the way here, he felt dizzy but on the way back and especially on Friday, when he didn't have to see me for two days, he felt cheerful.

Before his analysis and in the beginning, he had been unable to travel by subway because of his irresistible urge to exhibit himself. In order to exhibit he would park his car and take the subway.

He had developed a device in the subway to help him cope with his urge to exhibit : He would look around for left-over newspapers. To him, this symbolized somebody's having left something for him ; it meant that he was getting something for nothing—a very agreeable feeling, since he felt he was not getting anything from me and resented terribly his having to pay me. Thus, the papers he collected were his compensation :

I was at some play with Kitty's relatives. The kids were selling defence stamps. I felt guilty for not buying any. (His mother had asked him to buy a defence bond. He had been boasting that he hadn't invested one single penny in bonds nor contributed to any charity.) I took the money from my wallet. I saw that I was not leaving myself with too much cash and it was Thursday. Since a holiday followed in which I naturally wouldn't take in any money, I would therefore not have any money to pay you on Friday. My father said, ' O.K., I'll lend you some money.'

During this period he masturbated when Kitty was menstruating. Instead of having intercourse, he preferred to ejaculate between her breasts and to have the semen run all over her (to soil and to waste it, and not to give it to her.) For the first time, also, he got her to kiss his penis. He was in a state of resentment and disappointment at this time ; disappointed in me for having deserted him just as his mother had. He resented having to pay her (five dollars weekly) and me also, and disliked having to work for us. On days when he helped his mother, he simply would not come to the analysis, for to work for both me and his mother on the same day was entirely too much for him. The patient also resented Kitty for wanting him to give her an orgasm since he felt that he wanted to be the receiver.

He was going through a very painful phase of the analysis now, feeling constantly frustrated by the analyst, and not having forgiven her for her desertion (during her vacation). He was bothered by strong urges to exhibit himself and was able to recognize that he was inventing devices for protecting himself against this urge, one of which—collection of papers—as we have already pointed out, being especially helpful. He felt constantly tired and associated it with his sex life with Kitty who, he felt, wanted too much of him. Some of the mistakes he made in this connection were expressive of his real feelings. Very often he would forget his condom so that he could not have intercourse. Kitty, however, managed to get him to have intercourse without a condom. This, as he put it, was a very exhausting experience, especially since he had to control himself until she had her orgasm first. What he was giving to Kitty sexually he had to make up for in food. It was remarkable

how interchangeable food and sex were in his mind. He spoke about the quantities of food he consumed and enumerated in detail how much he ate just as he had spoken about his exhibitionism and sexual experiences with girls. These feelings were also reflected in his dreams in which food was very important and in which his needs were fulfilled orally. This is demonstrated well by a part of the following dream :

I was with a group of fellows at an assembly and my name was the second and it seemed this had nothing to do with merit, only with liking. The package of the first was given to me. I dropped the bottom package on my desk and gave him (Eddie) the top. I had gotten the larger of what looked like a box of cake. It was about eight inches long and three inches thick. I wondered if I could take it home and have it for myself. It looked as if I would have to share it with the others and with Eddie particularly who was next to me. He said, ' I'm hungry '. I said, ' You could have had some sandwiches in your house '.

The previous night, when he was at his friend Eddie's house, he ate very much, as though impelled to do so. Eddie, who represents the patient's brother, is the one always liked by the girls, the one who used to take the girls away from him, just like his brother took his mother away from him and got the long penis (breast). In the dream, he exchanged places with him and took the cake (mother's breasts and the bigger penis) away from him.

Another dream illustrates, perhaps even better, the problem of breast and penis and the fusion of the two in the patient's mind :

A cat had given birth to a kitten, just one kitten. (While he was telling the dream, he said, ' How strange ; just one kitten.') The kitten was growing up a bit. It did not realize it could only get nourishment from its mother. The cat showed much affection for it. The two went in for a swim in the bath-tub and there was a fish under water. The kitten, as it looked up, could see the mother's breast. I watched them. (I have heard that cats don't like to swim.) The kitten now looked like a puppy with a pointed face—like a penis.

There was an object on the water, white and round which the kitten was watching. I took this object out of the water. Maybe it annoyed the kitten, I thought. It was a piece of fur. I kept on looking at the skin, wondering whether to throw it away or use it.

In one association with this dream, he spoke of the belly of a female dog with its many hanging teats. He also recalled a dream he had had about me in which I had four breasts and a penis. In his dreams he exhibited himself with a tremendous penis—about one foot long. In this same dream, somebody made some reference to the length of his penis, whereupon he opened his trousers and held it out with two fingers (just as he had done when he exhibited himself in the subway). The same question recurs in a dream about a frankfurter stand where a man sold very popular six to seven-inch-long frankfurters that everybody was buying. At the stand to the left were very unpopular hamburgers made from the same meat. By telling me what a relief it was to be away from the analysis at least for a few days, and by asking if he could not come every other week (he even had a cold to rationalize his staying away for a few days), he was acting out his resentment toward his mother who was leaving him in order to attend to his sister who expected a baby. Thus, he wanted to act out actively what he was experiencing passively. Because he felt deserted by his mother, he attempted to give me up, that is, to stay out of the analysis at least for a few days. In this way he attempted to pretend to himself that he didn't need me (mother). This mechanism, where, by means of identification he did actively what he felt was being done to him passively, was one of the main dynamic forces responsible for his exhibitionism. In his perversion through identification with his mother, he was showing his penis (breast) and not giving it just as his mother had done to him when she nursed the other children and he had had to look on. It may be interesting to learn that although prudish in many respects, his mother was rather careless in exposing herself at home : even up to date, she would ask the patient to help her hook her brassière and girdle.

The same mechanism can be seen at work in his relationship with Kitty. After having been invited to her home for a party, he dreamed :

Some girl was giving a party. She had hired a place in a restaurant—a famous chef was dispensing the food. (Needless to say, the patient was the chef.)

The transference situation at this time is reflected in a dream in which he is following a married girl cousin, whom he admires, to her house. The cousin, a teacher, has, like the analyst, two children. The patient expected to be invited to stay to dinner but she did not ask him in at all. It became more and more obvious that the patient wanted the analyst to run after him like Kitty, and that he was playing Kitty out in the analysis against the analyst in a spiteful way as if to show : ' I do have somebody, somebody who wants me and only me.' This attitude indicated that unless the analyst changed her manner toward him, he would leave her for Kitty.

A fragment of a dream may serve to show his wishful thinking :

I'm at some picnic or hike. Two girls are interested in me, one of a steady sort and one more vivacious.

Although with mixed feelings, he was now for the first time able to contemplate buying a valuable gift for Kitty. He knew that she wanted a ring but he did not want to give her one and so, instead,

he bought a wrist watch. This was indicative of a very real change in the patient's personality, namely, that he was actually able to *give* something. His true feelings about this and about the analyst were expressed in this dream :

I was at somebody's house, washing dishes like a domestic servant. I expected to get paid for it. It was the house of a teacher.

In another dream, he was walking with a friend, Karl (Kitty), who was talking to him in the dream just like I talked to him, only with more personal interest. The friend was telling him that he would soon be finished with the analysis. He also asked him what was wrong with him, if he was in love or what troubles he had. He said that he would take care of him and also told him that he would be doing much better in his work. He put his arms around him (in contradistinction to the cool and distant attitude of the analyst). Although consciously trying to impress himself with how much Kitty cared for him, how much she was doing for him and how well she understood him, unconsciously the feeling that he was working for her and that he was giving to her was quite frustrating to him. This is expressed, for instance, in an oral level in the following dream fragment :

Paul, my cousin (the patient's namesake) was sitting at a table, engrossed in eating cake. I came in and ate a lot of cake. I went to another table and ate some more cake and all kinds of pie. Then I went into another room and there were some more plates with cake. So I sat down again and ate still more. I felt guilty, as though I had taken somebody's plate away.

The same feeling of greed is expressed on an anal level in the following dream :

I was working a slot gum machine. There was no gum left, but I put a nickel in. Seven coins came back instead of my one nickel. Again I put a nickel in and still more coins came out. I had a handful of coins and put them into my pocket. Then some more coins came out. By this time I wished it would stop. I already had a few dollars in change and the machine was making a clatter which could be heard clearly. A kid came and asked about the noise. I said, ' I'm just getting some gum.'

On a previous day, after he had left my office and was phoning from a booth, a few coins came out. ' People have no scruples about taking these ', he said.

His basic conflict to remain in his narcissistic retreat, to masturbate with his incestuous phantasies, and to exhibit himself, or to relinquish these and to establish instead an object relationship by accepting a woman as a love object and being able to do something for her, is brought out in his conflict between buying himself a radio or buying Kitty a ring. The radio, a new model with frequency modulation, represents a new and exquisite penis, while the ring stands for the acceptance of submission to the woman by degrading himself to the position of a sucker and a meal ticket. The following dreams may illustrate the situation :

I had a patient in a chair. The radio was going. In my pocket I had a magic control with a knob. By pressing the knob, I could change to any station. I operated it through my trousers.

The hands in the pocket are the hands on his penis. Through exhibitionism, masturbation, and through the magic of his mind he could gratify instantly any of his desires.

Up in a tall building with some fellow, we were measuring penises. His hand touched my penis. Instead of moving away, I touched his hand, drew it closer to masturbate me.

That same night, in a dream, I was with some girl near the house. Somebody told us that it was furnished. The people already lived in it. It was wood but not yet painted. It seemed familiar, something I would like to have myself.

The association was with the house in the picture, ' George Washington Slept Here '. In the picture, the patient said, at the end the man became attached to the house. (The house equals the woman.)

The more seriously he was now thinking of marrying Kitty, the more did a feeling of inadequacy arise. This was not so much apparent consciously as in the dream material. Aside from the problem of exhibitionism which was almost constantly coming up, his dreams showed the character of typical examination dreams in which he tried to work out his fears in a wishful manner. In these dreams, there was almost always one subject in which he was not well prepared—history, sometimes mathematics or psychology. History stood for his past history, mathematics was indicative of his confusion about sexes (it is a common neurotic symptom illustrating the very difficulty that our patient had) ; psychology meant that there was something wrong with him. In the same wishful manner, he was reassuring himself that he would only be examined in the subjects that he knew well. Since Kitty indicated to him that she was planning to quit her job after the New Year and go to Florida to work, he seemed to feel compelled to reach a decision.

The motion picture, *Random Harvest*, which he saw together with Kitty, seemed to bring him to the point of making up his mind definitely. While watching the film (the story of a woman's undying love and constancy toward a husband who, in an attack of amnesia, does not even remember her), he felt himself becoming very excited and was prompted to ask Kitty to promise never to leave him. While consciously he was determined to settle down with Kitty, the unconscious material, brought out especially in his dreams, showed that he felt almost like a claustrophobic—trapped, locked in a subterranean labyrinth from which he

finally emerged (in one dream) with the help of a priest in the vestry (the only possible exit).

He also made an attempt to turn toward homosexuality again. In some of his dreams he openly had homosexual relations with his brother. His emotional reaction to seeing *Random Harvest* showed quite clearly that what he was longing for and what he wished Kitty to give him was the complete devotion and love of a woman (as he had wanted to have his mother completely to himself). Since his need for mother was so strong and his inability to tolerate the frustration of this need equally strong, he had found a way out of it by identifying himself with mother. Through this identification, he became mother himself but he was not a loving or giving mother, just as he felt his own mother had acted toward him (hostile identification). These feelings can be further demonstrated by the following dream :

I was visiting some place with my sister Bea. We sat down for lunch or dinner. These people had a nice white kitten : I guess it's the female kitten who has a nice head. It was hard to get the kitten to eat. We were eating chocolate pudding with cream. I put some of it on the floor and didn't show much concern but motioned to the kitten to eat. The kitten ate it up. Then we had another dish—bananas and cream. I stroked the kitten's face. She sucked a little bit from my finger, took the pinky in her mouth, bit a little bit. I withdrew my finger ; she took it again (like Kitty when in emotion), bit a little and then bit pretty hard. I was worried. Kittens have sharp teeth. She could bite off the whole finger. She released the finger. It had deep marks on it. The people were surprised that the kitten should have taken so much to me and eaten so much. (In the dream he is both himself and the kitten.)

This conflict of attaching himself to Kitty and his fear of not being able to get away and therefore being hurt is reflected in his conscious deliberations about other pictures that have impressed him, as for instance, *The Moon and Sixpenec*, where the man detaches himself from the family without any emotion. It was the problem of separation and the question of whether he was able to stand it, that is, giving up mother, that bothered him. This indicated that he had not yet overcome his first and early separation from his mother, the original trauma of losing mother's breast.

His conflict about who was giving or receiving more in this relationship was reflected in many ways, e.g. when he would report in his analysis, interrupted by many sighs which expressed his sorrow for himself, what he did for Kitty—how he nursed her when she was sick and how he brought her things, at the same time comparing whether or not she did as much for him. It was brought out especially in the aforementioned conflict of either buying himself a radio or presenting Kitty with a ring. He finally decided to get the radio for himself, but he was not completely satisfied with his decision. Working on the radio once, he hurt himself quite severely and he thought of returning it and getting his money back.

He was very sensitive to the slightest criticism on Kitty's part. To him, this meant that she was not satisfied with his penis (i.e. his penis was too small). However, he in turn was very critical of her breasts (which to him represented Kitty's penis). He would always remark on her low-cut dresses, telling her that it was not decent of her to wear them. (To him, it meant that Kitty was exhibiting herself.)

At this time, Kitty and his mother decided to go to Florida together. Although he didn't show it overtly, he was disturbed about it. He tried to develop a sore throat, but analytic interpretation interfered with this. It seemed that he felt that his mother and Kitty's leaving him had something to do with the way he had acted toward them, and felt as though he were being punished. Had he taken better care of mother, her leg would not have made it necessary for her to go to Florida ; had he loved Kitty more and shown her greater consideration, she would not have left him either.

For the first few days he tried to act out his feelings of revenge for his mother and Kitty on some of his women patients, but this too was stopped through interpretation. In the repetition of the original traumatic experience of being deserted by mother (and now, a mother substitute, Kitty) he also displayed the original mechanism of coping with such a traumatic experience, namely by identification with the lost object. (As originally in his exhibitionism, through identification with the nursing mother, he played mother himself.) Now, and this time only in his dreams, he tried to apply the same mechanism of identification with Kitty, and in this way make up for losing her. This, however, was not necessary to complete in the dream, because he could make her return remorsefully. This is the dream :

I am in Kitty's bathroom, combing my hair, looking into the mirror. My lips are too red. My reflection from the mirror doesn't look like me. It was really Kitty looking out of the mirror. I felt her hands on my shoulder. I looked around. She had just come back and she was in her hat and coat. She cried a little bit. I suspected that her father had pointed out to her that it wasn't the right thing for her to go to Florida right now and to leave her job (him).

Part of one of his wet dreams during this period was :

I am in bed with a girl. She puts her hand next to my penis which becomes erect. And then we were having intercourse. Then she was doing something to my penis which hurt. I said, ' Don't do that.' I opened my mouth and something white came out. At first, I thought it was semen coming out of my penis, but it was milk coming out of my

mouth as from a hose. First I was on my back, but then I was on top.

He associates with this dream the statement of a friend of his who declared that he had urinated white for some time and that these sperms were coming out in his urine because he hadn't had intercourse. He recalled how, as a boy, he used to try to take his own penis into his mouth and how, while in high school, a boy used to tell him that some men suck on other men's penises and consider it very nourishing. He also begrudged his girl friend his emissions, fancying that they were so copious that he could fill a container with them and sell them to a laboratory. He once touched Kitty's breasts with his penis and ejaculated on them.

After Kitty's return, he was thinking of applying for a commission in the army. He was afraid that if he wouldn't do so and waited instead for his induction papers, Kitty might learn about what had happened previously. He had been classified 4-F because of his condition and he was not satisfied with his classification now, although originally he had been very pleased with it.

In the beginning of his analysis, he had mentioned a boy with whom he had gone to school and whom he admired because of his character and ability. This boy, Sam, had died very suddenly and he remembered the shock when one day in school, the teacher asked which of the children wanted to attend his funeral. Sam now became a frequent figure in the patient's dreams. It was quite clear that the patient attempted to identify himself with Sam, who represented an ego ideal to him. He therefore wanted to do what he thought Sam would have done in a situation like this. He was very concerned about influencing both his doctor and lawyer who had testified for him in court. He tried now to persuade them not to reveal anything to the military authorities in case of questioning that would prevent his being granted a commission. The patient, while applying voluntarily for the commission, had had to give two references, and he could think of no one to name except his doctor and lawyer.

Other amazing things happened at the same time. He really bought Kitty a ring (in gratitude for her coming back) and also purchased quite a valuable gift for his mother. For the first time during the war, he invested money in War Bonds. Whenever he was in a train, and noticed that a man was not behaving properly toward a woman, he felt that he had to protect the woman. When he was almost sure that his application for a commission would be accepted, he quite suddenly decided to get married over the week-end. And this terminated the analysis.

In the early summer, he called me up to tell me that he was happily married, had received his commission, and that he was leaving town—going south to a training camp and taking his wife with him. He has done well for himself since then, has been promoted several times and has a child, now about three years old.

Summary and Conclusions

I have tried, in this presentation, to bring out particularly the relationship with the mother. In the course of two and a half years of analysis (five times a week) such a wealth of material accumulated that it was possible to present only what I thought most relevant and illuminating.

It is not that I believe that the relationship with the father was not important, but I feel that in spite of the intense castration fear and unconscious homosexual submissiveness to his father, the deeper roots of his perversion sprang from his early relationship and identification with his mother.

If conclusions can be drawn from one case, it would seem to me that the greatest obstacle in analysing exhibitionists is their narcissism. After breaking down the narcisistic resistances of my patient, he could be analysed like any other psychoneurotic. It also seems to me that this case lends itself well to the study of the mechanisms which seem essential for the formation of genital exhibitionism in particular, and, if conclusions may be drawn from the analysis of one case, for perversions in general.

Freud, in his *Introductory Lectures*, says: 'If it is correct that real obstacles to sexual satisfaction or privation in regard to it bring to the surface perverse tendencies in people who would otherwise have shown none, we must conclude that something in these people is ready to embrace the perversions, or, if you prefer, that the tendencies must have been present in them in a latent form. Since the aims of perverse sexuality are identical with those of infantile sex, the possibility of every human being to become a pervert under certain circumstances is rooted in the fact that he was once a child.' If, potentially, everyone has the makings of a pervert, what is the specific quality that, under similar circumstances, will turn one individual into a pervert and not the other? And what determines the choice of the perversion?

Freud himself later broadened his concept of the relation of infantile sex to perversions by stressing the rôle of the ego, its strength and integrated function in the formation of psychoneurosis and psychosis, respectively. In one of his last papers, 'The Splitting of the Ego', he explains, with the example of a little boy, how a very traumatic experience that would have simply overwhelmed the child's ego was worked out by denial and displacement and split off from the ego, and later reproduced in the form of a perversion.

In the case of my patient we can clearly recognize his exhibitionism as a reaction to frustration. How does it come about that he reacts to frustration in this particular way? And what frustrating experience is being touched upon by the current

frustration and brought into play in the form of a perversion ?

His analysis reveals that his early childhood, when he had to watch one baby after another take his place at mother's breast, was the most unhappy time of his life. Against the loss of mother, or rather mother's breast, he defended himself as shown consistently in his later behaviour—by denial and through identification with the lost object. By identifying himself with the nursing mother he was protecting himself against intolerable pain (depression). In his symptom he was doing actively what he felt had been done to him, that is, he was teasing the others by only *showing* his penis but not giving it to them (like mother who only showed her breasts to him but gave them to the other children).

That penis and breast were substituted by the patient, one for the other, has been clearly demonstrated. That seminal fluid and milk also could be substituted for each other in his mind is brought out, for instance, by the following : he begrudged his girl friend his emissions, fancying them to be so copious that he could fill a container and sell them to a laboratory. He remembers how impressed he was to learn that some men pay other men to let them suck their penises and consider it very nourishing. The connection of his exhibitionism with oral frustration is well demonstrated by the incident where, when he saw children in the street sucking lollypops, he experienced a strange longing simultaneously with a strong urge to exhibit himself.

In the later part of his analysis, he was able to relinquish his exhibitionism for food. The castration fear which was very apparent in the structure of his exhibitionism also had an oral colouring, as expressed in the fear of being devoured by a lion and his fear of vampires and dogs.

When confronted with a frustrating experience affectively associated with his traumatic experience the patient reacted compulsively with the symptom of exhibitionism. In exhibiting himself, he behaved as though he had to save himself from an impending catastrophe. Although he did not experience the sensation of panic, the accompanying physical symptoms were indicative of severe anxiety. He was very tense, felt that he had to exhibit, and that nothing could stop him from doing so. His mouth and skin were dry, his heart was beating rapidly, and he felt as though he had a fever. While this was his condition before exhibiting himself, afterwards he would feel physically exhausted and would break into a sweat. This is a reaction indicative rather of release from tension, and not one for securing pleasure.

Although the patient had very strong latent homosexual tendencies, he did not become a homosexual. While we should be content with trying to explain why something happened, and not why something did not happen, in this case the answer seems so obvious that I cannot help but offer it. Since, according to his unconscious, penis represented breast and *vice versâ*, the woman was not really a castrated object. She had a breast (equals penis), and therefore was not a totally unacceptable sexual object. While castration fear is very apparent in one layer of the unconscious, in another layer his fear is actually that of losing his life because of having been abandoned by his mother.

The irresistibility of the urge is indicative of the weakness of his ego and it seems that this patient's main problem was his inability to tolerate frustration, which he had tried to work out narcissistically by reassuring denials.

(1) Denial of being afraid. Instead of avoiding danger, he feels drawn to it. ' There was always an element of danger that attracted me (to sports) ', he says. The very way in which he exhibited himself in crowded subways was extremely dangerous. It was a play with danger in which he had to master himself by a narrow escape at the last minute. This would lead us to a discussion of masochism, very much apparent in the patient's behaviour, but which is beyond the scope of this paper.

(2) Denial of castration by exhibiting his penis. ' I have a penis and it is so big that I am not ashamed to show it to everybody.' (Actually he was a bashful person who felt inferior in regard to his body size and especially so about the size of his penis.)

(3) Denial of the earliest frustration, the trauma of weaning (primal castration), that is, loss of the mother's breast. By exhibiting himself, he showed, ' I have a breast myself. Here, you can see it. I am showing it to everybody.'

(4) Throughout his personality we can see his attempt to work with these denials and overcompensations, e.g. he is better than everybody else, much better than his brother ; he can do things that others cannot do ; he is liked by everybody and he has many girl friends, etc.

From the material presented here, it would therefore seem justifiable to consider his exhibitionism not as a true perversion, but as a symptomatic action like the action of impulse-ridden characters who show strong oral fixations and who are psychodynamically classified as a group between neurosis and perversion.

Oral fixation in perversion has been stressed by such authors as Jones, Fenichel and Carp, who describes a case of a mixed perversion in which the similarity of the substitution of breast and penis is strikingly like that of our patient. More recently, Christophel has emphasized the orality in exhibitionism, in one instance describing briefly some features similar to those of my case.

Freud, in the above quoted paper, also remarked upon the oral regression in his patient and described how the boy transformed his castration fear into a fear of being eaten by his father. In the case of my

patient we see the over-emphasis on food and his fear of vampires and animals in general. Oral fixation, therefore, would seem the most important determinant for the origin of exhibitionism.

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ABSTRACTS

Jule Eisenbud, M.D. (New York). 'Telepathy and Problems of Psycho-Analysis.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 1.

The author in his very lucid paper on telepathic phenomena occurring during analysis draws first of all attention to the paucity of psycho-analytic contributions to this and allied fields in contrast to the very extensive scientific literature developing in other quarters. He quotes extensively Freud's important contributions to the subject and his hypothesis that telepathy is an activity of the unconscious mind; although similar observations have been made by other authors, the hypothesis was neither advanced nor attacked. The author believes that this attitude of apathy and disinterest in the subject of telepathy exemplifies a strong resistance against the acceptance of these phenomena due to repression of one's own infantile narcissistic inclinations towards magic and the omnipotence of thought, and he gives as illustration two examples from his analytical experience which as he states can only be fully explained by the hypothesis of the existence of telepathic phenomena. An experiment which he undertook in order to find objective proof for the existence of telepathy failed as such, but revealed the complicated nature of telepathic processes involving not only the two persons used for the experiment but other patients and the two experimenters as well. The author maintains that the phenomena of telepathy are such that analysts would be in a particularly advantageous position to study such functions by virtue of their methodology.

The author maintains that 'the telepathic episode is a function not only of the repression of emotionally charged material by the patient, but of the repression of similar or related emotionally charged material by the analyst as well'. He draws attention to the fact that Hollòs and Servadio have arrived at this same discovery independently, and gives a very clear example from his own analytical material to elucidate this point. He furthermore explains the phenomenon of 'cross-association' during the analytic hour describing with the aid of examples the simultaneity of the patient's association with the analyst's thoughts. There is also a flow from the patient to the analyst. The outstanding characteristic of practically all telepathic occurrences as seen in analysis is the involvement of the analyst himself to the extent that his repressed affect-laden material relates itself dynamically to the repressed material of the patient, and functions in relationship to the other in such a way as to reduce anxiety in one or both. Telepathic phenomena may involve two or more patients and on closer analysis there does not seem to be any exception to the rule that the analyst is always included in these phenomena. It is clearly shown with the aid of examples that telepathy is not merely extra-sensory perception but is part of the total behaviour of the individual.

The promise of the use of telepathic phenomena in the analytic process lies in the deepening of the background of our interpretations, in the greater measure of control of the transference-countertransference relationship, its limitation in the realization of the widening of the background from which the 'day's residue' in dreams can be derived. The author maintains that there are many instances where the use of the telepathic hypothesis brings to light material that would appear not to be accessible to analytic approach, especially where patients hold back their deeper attitudes and feelings towards the analyst.

Patients when supplied with telepathically perceived data seem immediately to grasp the core of the situation and exhibit the well-known evidence of a correct and effective interpretation. In the author's experience all patients have the capacity to function telepathically. As far as the analyst is concerned too little free floating anxiety would not favour the emergence of telepathic phenomena, whilst too much anxiety might block his perception.

The greatest advance in the psycho-analytic study of telepathy was made by Freud's observation that psycho-analysis was capable of unmasking a telepathic event which otherwise could not be recognized as such. The author believes that Freud's ambivalence towards the subject which was understandable at a time when psycho-analysis had to fight for the recognition of the data it had revealed need not deter us from studying these phenomena now. The facts of telepathy do not endanger the accepted body of psycho-analytic findings but augment, extend and validate what we already know. When the data of telepathy are explored psycho-analytically it can be shown that all evidences of divine mercy and love can easily be accounted for on the basis of the unconscious telepathic inter-relationships of mankind.

Kate Friedlander.

Else Pappenheim, M.D. and Ernst Kris, Ph.D. (New York). 'The Function of Drawings and the Meaning of the "Creative Spell" in a Schizophrenic Artist.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 1.

This paper sets out to discuss the change of function of drawing and the urge to this activity in an artist during a psychotic attack. The patient was a forty-nine-year-old architect who had been observed by the authors for a period of three months at the University Hospital for Mental and Nervous Diseases in Vienna in 1938. The patient had previously been hospitalized for two short periods in 1932 and 1934, but his productive activity started only in June 1937. From this time until his admittance to hospital in January 1938 he produced a large quantity of drawings, from three to six large sheets daily. There were indications of a mounting urge to draw to which the authors refer as 'a creative spell'. The patient's main delusional ideas centred round his identification with God and his extensive ideas of reference and persecution were clearly linked to this identification. The drawings, ten of which are reproduced, superficially resemble architectural sketches. They were not produced with any artistic intention in mind but represent statements which the patient wishes to validate. The authors analyse various recurring themes in the drawings and relate them to the patient's delusional ideas and his thought processes.

In discussing their findings the authors concentrate first on the course of the psychosis. They assume that the patient had an experience of 'Weltuntergang' and that the psychotic system is an attempt of recapturing the world. The drawing spell has two functions within this framework, namely to prevent further diffusion of instincts and to reassert the truth of the delusions. The authors further discuss the 'identity with God'. They stress the fact that 'all artistic creation tends to be linked to the Divine'. They distinguish between two types of relationship with God 'one in which the artist is God's rival and the other, in which he is his tool'. The patient approximates the second type, but in contrast to the real artist the force which inspires him from outside is re-introjected and he becomes God himself. He therefore produces no works of art any longer and his drawings do not serve the purpose of communication. Described in terms of Ego-psychology the artist is—during inspiration—subject to a partial Ego-regression, one still controlled by the Ego which retains the function of identification with the audience. The patient's drawings have no bearing on people around him. They are statements bearing on the future: in the very act of drawing he brings about magical changes in the world.

In the patient's handling of shapes the primary process is pronounced and there is a great similarity to the handling of words in other schizophrenics. Examples of this are given.

The normal artist is not devoid of magic, but the difference between him and the psychotic is firstly that he does not create in order to transform the outer world and secondly that his production has a realistic meaning. The psychotic creates 'in order to transform the real world'. He does not create for an audience.

The authors maintain that 'art as an æsthetic—and therefore as a social—phenomenon is linked to the intactness of the Ego'.

Kate Friedlander.

Fritz Wittels, M.D. (New York). 'Psycho-Analysis and History. The Nibelungs and the Bible.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 1.

The author uses in this paper a new psycho-analytical approach to the study of history. Taking as a basis Freud's statement that myths are the dreams of young nations, the author studies myths which have been preserved for centuries without change in their manifest content. He maintains that as with the dream, secondary elaboration is finished when a compromise is reached with which 'the people feel at home'. Like the manifest dream these myths have not only the aim of concealing a deeper meaning but also express the people's idea about its environment. The author therefore studies a myth in its final form in which it has become acceptable to the national Ego. He draws attention to the fact that central themes of mythology can be found in all nations, such as Homer's stories for the national psychology and ancient Greeks or the tales of King Arthur and his Knights for the English.

The Song of the Nibelungs is the representative myth of the Germans although the theme of Siegfried exists elsewhere as well. This myth which is the most cherished mythological possession of the German people, was given its definite form at the

beginning of the thirteenth century. The German philosopher Schelling already stated that the dominant myth contains the philosophy of a nation. In Germany as the only one of the modern nations, Christianity and historical development have not destroyed the power of the old myth.

The author proceeds to analyse some of the outstanding features of the Song of the Nibelungs. It expresses contempt for the sexual honour of women as expressed in the treacherous attitude of Siegfried and Gunther towards Brunhild and Hagen towards Kriemhild. He furthermore draws attention to the contrast between the treacherous behaviour of the Nibelungs towards each other and the loyalty to death of the Burgundians in the second part of the Song. He shows that the warriors in Etzelsburg really love each other, friend and foe alike. Siegfried who has achieved heterosexual love and who is very similar to other Adonis-like heroes, has to be killed as a defence against the homosexual attraction which he exerts on men around him. Further evidence of the prevalence of homosexual tendencies in the Song is given by the Gunther-Siegfried-Brunhild triangle. Anal eroticism is presented by the basis character trait of greed in Hagen, Gunther and the Kriemhild of the second part.

The author proceeds to discuss another myth which took hold of the German nation, the Hebraic myth in its translation by Luther. He gives quotations from the Bible which, taken out of their context, express the Nazi spirit. He expresses the view that the Germans have failed to assimilate the Gospel of salvation: 'the German Id (the Nibelungs) prevails over the German Super-Ego (the Scriptures)'.

Kate Friedlander.

Edmund Bergler, M.D. and Géza Róheim, Ph.D. (New York). 'Psychology of Time Perception.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 2.

In this paper the authors trace the connexion between infantile omnipotence and time perception. Interesting case material is given to illustrate the assumption that time perception comes into being as a result of frustrations directed against the child's feeling of omnipotence and that it belongs to the unconscious part of the Ego. Time and duty are therefore closely linked up with one another. Whenever phantasies of omnipotence find expression in adult patients normal time perception is disturbed.

The authors furthermore show how in phantasy and folklore the pleasure principle and timelessness are associated on the one hand and time and reality principle on the other hand. Differences in the reaction to time can be observed in primitive races and advanced cultures.

Kate Friedlander.

Otto Fenichel. 'On Acting.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 2.

The author summarizes the psycho-analytic views on the unconscious aim of acting and states that there is always a minimum of erogenous satisfaction of exhibitionistic tendencies, a direct narcissistic gratification derived from the reaction of the audience which increases self-esteem and narcissistic satisfaction from a magical influence on the audience.

As with children's play, the acting allows the actor to get rid of anxieties or to build up defences against future anxieties by active means. Although the actor unconsciously plays himself, he believes that he is acting another person and 'playing a part is making test-identifications'. Failures on the stage may sometimes occur if a part comes too close to painful emotions in the actor's unconscious.

According to Hanns Sachs, the author induces the public to participate in forbidden wishes by their acceptance. The actor feels less guilty if the audience approves of deeds which the actor unconsciously wishes to commit. The actor feels superior if the audience hypnotically accepts what he suggests; but at the same time he needs the audience to get reassurance for his guilt feelings. This is clearly shown by the fact that film actors who forego the end pleasure of the performance are usually longing to go back to the stage. If the actor is successful he has fewer guilt feelings and therefore seeks more direct instinctual gratification which society usually grants him.

The author shows with the aid of case material that the unconscious aim of the magic influence over the audience is not only seduction—to a participation in his guilt—but also the craving for satisfaction of passive oral needs including on occasions destruction or 'castration' of the audience.

The general cause of stage fright can be seen in the 'doubled edged' character of all the psychological mechanisms involved. Instead of participating in his guilt, the audience may turn against the actor. The specific fright is shame and the actor is afraid of being exposed as a sham, of having taken away something which does not belong to him.

Kate Friedlander.

Geraldine Pederson-Krag, M.D. (New York). 'Unconscious Factors in Group Therapy.' *Psychoanalytic Quarterly*, Vol. XV, 1946, No. 2.

In this paper the author gives an account of her study of forty different groups with the purpose of discovering the efficacy of this type of treatment. She maintains that most therapists believe that successes are due to 'education of groups members and permissiveness of the group atmosphere', thereby neglecting the unconscious motivation of conflicts and Freud's observation that in groups

unconscious mental processes seem to dominate conscious ones.

The therapists' accounts of these forty groups were studied and it was seen that successes were due to an emotional experience arising out of the realization of a preconscious phantasy; these produce narcissistic gratification and a lessening of anxiety. The author describes some of these phantasies emphasizing that they are not the only ones working in each group.

The first type of phantasy is that found in the protective group; the preconscious phantasy realized is 'I have more powerful and accepting parents than the people with whom I live'. The second type is the permissive group as used by the Jewish Board of Guardians for children. This realizes the child's phantasy: 'I am stronger than my father. He cannot stop me from doing what I like'. The third type is exemplified by Schilder's interpretative groups. The fulfilled phantasy of the group member is 'my sins are forgiven me'. The fourth type of group is for adults in out-patient departments for physical or mental disabilities (Marsh, Hadden, Chapell). Here the phantasy is 'I can work magic. I say to my peptic ulcer "Be gone" and it diminishes'. The last type is the group used by Wender. Here the phantasy may be formulated as 'my father loves me because of my failings and hurts'.

The author describes how in each type of group the realization of the specific phantasy lessens œdipal anxiety and provides narcissistic gratification.

Kate Friedlander.

Richard Sterba, M.D. (Detroit). 'Dreams and Acting Out.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 2.

The author gives clinical examples to show that on occasions acting out may precede the narration of a dream though the material presented in the acting out clearly belongs to the latent dream content. This acting out usually occurs at the beginning of the hour and can usually be understood as soon as one knows the manifest dream content. Both—acting out and the following dream—belong to a Gestalt, and if brought into contact facilitate the understanding of the unconscious material.

Kate Friedlander.

Ludwig Eidelberg. 'Psycho-analysis of a Case of Paranoia.' *Psychoanalytic Review*, 1945, Vol. XXXII, No. 4, pp. 373–402.

The author describes the analysis of a patient who evidenced a character disturbance, an obsessional neurosis, a pre-genital conversion symptom, and a paranoia—the paranoia bearing a close relationship to passive homosexuality. Analysis yielded a reconstruction of childhood experiences. Among the findings were compulsive brooding, compulsive character traits, feelings of dullness, projection, provocation and pedophilia. Analysis showed that they were used as defence mechanisms to protect the patient against his negative Œdipus complex. The repressed wish was to have the father's penis inserted into the bowel. The author points out that analytic technique in the handling of a psychosis varies with the patient. In the patient described two unusual procedures were used. The analysis was in danger from two sources. Termination might result if the homosexual attachment between patient and analyst increased. The analysis was further endangered because of facility with which the patient lost confidence in the analyst. The author believes these dangers were effectively handled by advising the patient to engage in intercourse. This resulted in decreasing the homosexuality as part of the libido was transferred to a female object. A second deviation in the usual technique which aims to have the libido concentrated upon the analyst, was to attempt the opposite in order to lessen the tension caused by the patient's homosexual trends and hence to make them more analysable.

Frank Berner.

Leopold Bellak. 'On the Psychology of Detective Stories and Related Problems.' *Psychoanalytic Review*, 1945, Vol. XXXII, No. 4, pp. 403–407.

The general structure of detective stories consists of a crime being committed; the criminal and certain aspects of the crime are mysterious; a celebrated detective is on the trail and brings about an end which has the qualities of surprise and satisfaction. Two factors are important in the psychological nature of the detective story. (1) Content of the subject matter. The criminal and aggressive proceedings permit a phantasy gratification of Id impulses through identification with the criminal. This can be done with safety, because the reader in the end identifies himself with the detective—the Super-Ego is satisfied that detection and punishment will follow. (2) Structure of the detective story. Tension and anxiety are skilfully increased and then suddenly reduced. Reading detective stories is an activity which supplies tension artificially and promises a prompt reduction. Some of the pleasure derives from the anticipation of tension reduction.

Frank Berner.

Leopold Bellak and Rudolf Ekstein. 'The Extension of Basic Scientific Laws to Psychoanalysis and to Psychology.' *Psychoanalytic Review*, 1946, Vol. XXXIII, No. 3, pp. 306–313.

The authors attempt to point out that the laws or principles of physics may with advantage be explicitly applied to psychological science. They point out further that psycho-analysis is the only

significant major school of psychology at present which uses the three following laws consistently as an integral part of its conceptual-frame. (1) The Principle of Casuality. Freud was the first to use consistently this principle in the psychology of personality, that is, the doctrine of absolute determinism of psychological events. Freud's genetic viewpoint is a consistent demonstration of the law of casuality. (2) The Law of Conservation of Energy. Freud again was the first who introduced to psychology and effectively used the law of conservation of energy. He created the concept of libido as one special form of energy and concerned himself with the distribution and dynamic interchange of this special kind of energy. The libido theory is a particular form of restatement of the law of conservation of energy as applied to psychological phenomena. (3) The Biogenic Law. Freud's assumption that certain psychosexual characteristics and some aggressive tendencies must be viewed as result of phylogenesis are special cases of this law. Such hypotheses are completely acceptable according to the principles of biology. Psychology can be considered as a part of biology. Such a view does not weaken the importance of cultural factors.

Frank Berner.

Edmund Bergler. 'Specific Types of Resistance in Orally Regressed Neurotics.' *Psychoanalytic Review*, 1947, Vol. XXXIV, No. 1, pp. 58–75.

In oral neurotics the following triad is found: (1) Masochistic wish of being deprived by the mother. (2) Justification of indignation and pseudo-aggression because of unwillingness to recognize the wish to be refused and provocation of refusal. (3) Self-pity and enjoyment of masochistic pleasure. Orally regressed neurotics in analysis present specific difficulties characteristic for this group. They refuse to give associations and evidence much hatred and suspicion. The most typical resistance is the constant projection of the 'bad mother' upon the analyst with resultant craving for 'injustices', and reactive pseudo-aggression. Another difficulty oral patients present is a facility of 'sucking out', draining or wearing down the analyst. The specific technique of these patients consists of constant 'elimination' of everything they learn in analysis. The patient cannot use the information he 'sucks' from the analyst since he must immediately 'eliminate' everything achieved in that way. Orally regressed neurotics fall into three types: (1) The 'Silent'. (2) The 'Logorrhœic'. (3) The 'Draining'. All use pseudo-aggression as defence against the wish to be refused. In the 'silent' type the pseudo-aggression is directly visible; in the 'logorrhœic' type it is disguised as giving. What the patient gives, however, is malice. In every case of logorrhœa, the suspicion of oral regression is present. The 'draining' type is somewhere between the first two types.

Frank Berner.

Angel Garma. 'The Genesis of Reality Testing.' *Psychoanalytic Quarterly*, Vol. XV, No. 2, p. 161.

The author states 'that the ego considers perceptions to be internally originated when they can successfully be rejected and considers those it cannot avoid to be externally originated'. By use of a discussion of the traumatic neurosis, the generalization is formulated that all perceptions of internal origin which can be kept within bounds and neutralized in the ego by counter-cathexis, are not subjectively considered as originating in external reality. External perceptions become conscious more easily because the ego is less capable of using counter-cathexis against them. The sense of reality will vary with the strength of the counter-cathexis—if diminished the perception is less effectively dispelled and is judged to be external in origin. Contrariwise, if the counter-cathexis increases, the perception becomes less real, dispels its origination in the outer world.

Sylvan Keiser.

Otto Fenichel. 'Some Remarks on Freud's Place in the History of Science.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 3, p. 279.

The contradiction in the scientific historical evaluation of Freud's work is resolved by recognizing that he accomplished two things at the same time; by opposing pseudo-materialism and by strongly emphasizing the existence of a mental sphere and the inadequacy of the physical sciences in dealing with psychopathology and the psychological aspects of life, he won this terrain for science.

Sylvan Keiser.

Robert C. Bak. 'Masochism in Paranoia.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 3, p. 285.

The author presents a case of paranoia and also discusses the analysis of the 'Wolf-man' by Brunswick. The elements in the latter's case history are presented with particular emphasis on the masochistic aspects of its development. The homosexual choice regressed into masochistic identification and this form of regression constitutes the prerequisite of a paranoid development. His own patient sought self-castration against which he defended himself with aggressive and litigious phantasies.

Sylvan Keiser.

Edith Jacobsen. 'A Case of Sterility.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 3, p. 300.

A case of sterility with pathologic endocrinologic findings was treated analytically and culminated

in a successful pregnancy. The patient's history revealed an enormous intensity of the pregenital anal and in particular oral fixations. Her early childhood experiences strongly resembled those found in anorexia nervosa, e.g. ambivalent sadism in the mother, early weaning, early arrival of another sibling, lack of food and emphasis by the family on food and money.

Sylvan Keiser.

George Frumkes. 'A Depression which Recurred Annually.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 3, p. 351.

For ten years preceding treatment, the patient had had depressions annually that began in August or September and lasted for about six weeks. The patient reacted to cold weather as though it were a frustration by his mother. His wish for the mother's breast, her neglect of him for the other children, all justified his hostility towards women. The births of his siblings all fell in the season of the year when his depressions recovered.

Sylvan Keiser.

Bertram D. Lewin. 'Sleep, the Mouth and Dream Screen.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 4, p. 419.

The author introduces the term the Dream Screen which he defines as the surface on to which a dream appears to be projected. The manifest content of the dream takes place on it or before it. The dream screen represents the wish to sleep and also represents the breast. The intruding preconscious or unconscious wishes lose their place in the sleeper's ego by being projected on to or before the dream screen. The sleeper has identified himself with the breast, and becomes merged in its identification with the vastly enlarged and flattened breast, the dream screen.

Sylvan Keiser.

C. P. Oberndorf. 'Constant Elements in Psychotherapy.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 4, p. 435.

The author presents five clinical elements upon which the efficacy of treatment depends. They are: (1) Who undertakes to perform it; (2) what is said or done; (3) the time when it is undertaken; (4) how (and even where) it is done or said; and finally (5) the susceptibility of the person upon whom the therapy is practised. The agent effecting the treatment is accorded the response originally given to the mother who gave love and reassurance. The effect of transference and its producing long-standing cures is described for two patients. The proper timing of the giving of an interpretation is as important as its accuracy, and as a corollary to this is the patient's readiness to change his intrapsyche situation.

Sylvan Keiser.

M. Wulff. 'Fetishism and Object Choice in Early Childhood.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 4, p. 450.

A case of fetishism is presented in a boy sixteen months old. To fall asleep he had to be given a stocking or brassiere which had been worn by his mother. This object he pressed between his hands, stuck a thumb in his mouth and would then fall asleep. The author believes it is necessary to adhere to the assertion that in the young child the fetish represents a substitute for the mother's body and in particular her breast. In children of this age abnormal manifestations are simple reaction formations to an inhibited or ungratified instinctual impulse.

Sylvan Keiser.

Melitta Schmideberg. 'On Querulence.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 4, p. 472.

Querulence was found in people with pregenital disturbances who had experienced a number of secondary traumata—nagging, harsh parents who were actually unjust. The sadism belongs to equally varied instinctual sources. Both oral sadism and anal obstinacy and mastery were expressed by some patients. At times querulence is the only means the patients possess for object relations. The mechanism of isolation protects him from yielding to reasonable argument.

Sylvan Keiser.

Géza Róheim. 'The Œdipus Complex and Infantile Sexuality.' *Psychoanalytic Quarterly*, 1946, Vol. XV, No. 4, p. 503.

Róheim quotes Kardiner as having said that if children are not prevented from indulging in sexual play with each other, they will have no Œdipus complex. The author then proceeds to describe the life of the Baeja in the Central Provinces of India. These children are indulged and they rarely suffer from sexual frustrations. Myths and folklore are presented as evidence of the presence of the Œdipus complex and dreams to demonstrate castration anxiety.

Sylvan Keiser.

BOOK REVIEWS

The Eternal Ones of the Dream. By Géza Róheim. (Published by The International Universities Press, New York, 1945. Pp. xiv + 270. Price $4.50.)

Róheim's first book on Australian totemism published in 1929 was based on an analysis of written material. Since that date he has himself done a period of field work and published some results [1], and new and more detailed accounts of the cultures of a number of Australian tribes have appeared. The present book is described as 'a new "Australian Totemism"'. It contains accounts of some of the ceremonies Róheim witnessed himself, together with references to the new anthropological material. It also gives a far more definite and conclusive formulation of his original theory. Suggestions that were hardly more than hints in the first book become definite hypotheses in the present one.

This theory is briefly summarized by Róheim like this: 'Totemism as a social institution is a defence organized against the separation anxiety. As a religion it represents the genitalization of the separation period and the restitution that follows destructive trends. As an aid to man in his struggle with internal and external difficulties it is a balancing apparatus consisting of a series of introjections and projections. Finally, in its mythical form, it represents the wanderings of human beings from the cradle to the grave in a web of daydreams. It represents our efforts to deal with the problem of growing up, aided by the illusion of an eternal future.'

The 'Eternal Ones of the Dream' are the two culture heroes who are represented as originating totemic ceremonies, and particularly initiation ceremonies, and as setting up the *tjurunga* pole 'which symbolizes both the male and the female genital organ, the primal scene and combined parent concept, the father and the mother, separation and reunion, the trauma and the reaction to the trauma, the conservative and the progressive aspects of the libido, represents both the path and the goal'.

It is difficult for an anthropologist to review a book of this kind, since it is based on postulates which he cannot always accept, and concepts and types of evidence with which he does not usually work. The difference in outlook and interest is so great that he feels rather in the position of a strict Methodist asked to review an extremely erudite work of a Catholic theologian. He sees the subject of the book is important, in fact, vitally important, to his own work, but his premises are so different that he cannot, perhaps, judge the book fairly. Moreover, his knowledge of the specialist literature on the subject is so slight that he is unable to weigh it up critically and to see how far the material it presents compares with that of other writers in the same field. Nevertheless, there is probably some value in stating this different point of view. Anthropologists greeted Róheim's first book with a rather general derision. His main thesis was attacked and the validity of the evidence on which it was based. Róheim then did field work of his own, and is one of the few psycho-analysts who have actually collected their own material.[2] He was again criticized, chiefly on the score of the shortness of the period he spent in the field and the lack of cultural background for some of the psycho-analytical hypotheses he presented. The present book will strike the average social anthropologist as a much more convincing presentation, and will certainly give him a number of stimulating suggestions, but there is still the fundamental difference of approach.

The question that troubles the anthropologist can be put crudely. If the phenomenon of Totemism in Australia springs from unconscious fears of separation from the mother, why is it not more universal? It is true that representations of animal in rite and design are common, but the Australian form of Totemism is one of the curiosities of anthropological literature. Few peoples spend so much time on ritual, if the accounts are to be believed, or suffer such painful forms of mutilation, or undergo such uncomfortable experiences. Is the separation from the mother and its resultant phantasies more acute among the Australian aborigines than it is in other areas? Róheim himself gave us some material on forms of suckling and weaning practised among these people, but the information was not full enough to enable the anthropologist to make comparisons with other cultures. The approach of Kardiner and Linton seems here to be more fruitful than that of Róheim, since it makes suggestions for a much more detailed comparative study of primitive methods of education and it includes, besides observations on infant care (weaning, sphincter control, etc.), material on training for getting a living, the type of economic struggle to which the individual is subject, and the type of social group in which he finds himself. If Róheim is right in assuming that a people's myths and rites can be entirely explained in terms of unconscious phantasy then this material on the Australian family system and methods of upbringing is surely vital. The anthropologist relates the type of rite and myth to

[1] 'Totemic Ritual', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, XIII, p. 57; 'Women and their Life in Central Australia', *Journal of the Royal Anthropological Institute*, 1933, LXIII, p. 241; 'The Riddle of the Sphinx', 1934; 'A Csurunga Nepe' ('The People of the Tjurunga'), 1932.

[2] Although it is a common practice for American social anthropologists to submit to a training analysis as a preparation for their work.

the type of social structure and to the difficulties of a particular physical environment. This does not, of course, mean that unconscious motivations are not to be found too. It is, on the problem of the relation of the phantasy to the social organization, the organized beliefs and values, on which the anthropologist is so anxious for help from the psychologist.

So with the question of symbolism. The anthropologist may or may not be prepared to believe in the existence of universal symbols. He probably cannot deny the universality to some symbols, but he is interested in the relation of these universal symbols to the other conventions that are used in myths and rites, and in the problem of why the symbol systems of a people taken as a whole show such very wide variation. Why, for instance, do the Australian aborigines have this particular type of myth and why do they use such crude sexual symbols both in their speech and in their stories and in the naming of their heroes? Some African peoples have no myths at all in the sense of impossible happenings, although they have legends of a historical kind. They do not show the same overt pre-occupation with sexual symbols which Róheim describes. I believe that we shall be nearer to reaching the answer to a number of questions which will always remain, in Róheim's terminology, 'riddles of the Sphinx', when we cease to look for universal symbols, but study the total system of conventions of a people as revealed in myths, legends, rites, proverbs and everyday speech, and relate that system to their social structure and values system. Anthropologists have recorded a great many myths and rites, but I think they will not get further in the sphere of interpretation until the psychologists give them a new kind of help.

Books like *The Eternal Ones of the Dream* show the immense richness of the material available and the light that will ultimately be thrown on sociological problems by comparative studies of unconscious phantasies in different societies, but the social anthropologist proper will probably feel that he wants a closer co-operation in the collection and analysis of field material before the psycho-analyst can provide him with much further help.

Audrey R. Richards.

The Mass Psychology of Fascism. By Wilhelm Reich. Trans. by Theodore P. Wolfe. (Orgone Institute Press, New York, 1946. Pp. 344. Price $4.50.)

Man has ever searched for a philosophy of life, the final philosophical truth, the ideal *Weltanschauung.* This book is another contribution of this type. It attempts to find the answer in an application of Reich's special theories of sex-economy to Marxist sociology. The product of this union is foreseen as the ideal democratic state, a 'Work Democracy' in which there is a 'natural functional interlacing of work'.

The contents of the book is far more comprehensive than is suggested by the dated and limited quality of the title; this is similar to that of the original German edition in 1933. The work is more a treatise on group and social psychology, but it merits the attention of analysts for its broad social and political orientation.

The author's style is pedantic, verbose and repetitious, and there is much detailed political history which is not too pertinent. Too, the book is pervaded with Reich's esoteric 'orgone' concepts which seem far-stretched and not clear to the reviewer.

The basic thesis of the book is that the 'founders of socialism' lacked the knowledge of biological factors, particularly the 'character structure of the masses' and the anti-social element in man's character. The defective anti-social element is identified with the 'irrational' tendency toward mysticism, which Reich associates with the need of most people for authoritarian leadership. He demonstrates how irresponsible political leaders were able to exploit these tendencies for Fascist and anti-democratic ends. To really overcome 'Fascism', he states, one must attack the problem at its very roots and do away with mysticism and the 'irrationality of the masses'. 'Fascist mysticism', in turn, arises from 'orgastic longing under the conditions of mystification and inhibition of natural sexuality' and is the direct result of the suppression of infantile and adolescent sexuality.

This summary is obviously sketchy. Reich presents an interesting description of mysticism, its enormous emotional power, and its use by many social groups for nefarious purposes. However, one can question his interpretation of its origin and his prescription for its dissolution simply on a sexual basis.

Mysticism, even as described by Reich, is not so unfamiliar. This inability to take responsibility, the childish need for authoritarian guidance, the dependency on faith of a superior, the 'craving for authority of the masses'—is reminiscent of the infant's and child's attitude and in one word may be identified with immaturity. It is true that it is undoubtedly biologically rooted. However, does this arise from the repression of sexual impulses or is it a consequence of the original immaturity and slow development of the human organism and the many years it takes to attain physical, intellectual and emotional maturation? And is it not more naturally related later to our conscious and unconscious appreciation of fundamental insecurity in the face of inevitable illness and eventual death? One wonders if Reich is not fencing with windmills in trying to do away with mysticism or basic insecurity. The problem is rather to understand it, to combat its abuse and misuse, and to harness it for socially constructive ends.

Despite these defects, Reich's observation of facts in the social scene shows unusual perspicuity, and a remarkable capacity to correlate sociological, economic and psychological data. His analysis of the course of the Soviet Union as a social experiment is interesting, although he makes some contradictory statements and often seems unscientifically prejudiced. His recognition of Fascism as more than a 'political idea' and as a malignant emotional attitude which permeates human society at many levels in all nations is well worth consideration.

In this, as in other writings by Wilhelm Reich, one cannot help but get the impression of a regrettable mixture of some astute observations and well thought out ideas, together with much dubious and cryptic material.

Abram Blau.

Insight and Personality Adjustment. A Study of the Psychological Effects of War. By Therese Benedek, M.D. (The Ronald Press Company, New York, 1946. Pp. xi + 307. Price, $4.00.)

This is a book by a psychiatrist, who is also a psycho-analyst, on the typical difficulties of individuals in adjusting themselves to typical situations in the society in which they live. It may therefore be presumed to have a twofold purpose: on the one hand, the deeper understanding it conveys to the individual, either directly or through his educators, must be intended to help him master the difficulties he meets; on the other, this same understanding, so far as it reaches those who form his social environment, must be intended to ensure that the difficulties themselves are where possible reduced. Such a twofold purpose thus combines the aims of the psycho-analyst and the social worker, but differs from both in that it is designed to offer a smaller degree of help to a larger number of individuals. In short, its aim is, by disseminating insight, to promote favourable readjustments, both auto- and alloplastic, between the individual and society; and its scope is extensive rather than intensive. The most appropriate name for a purpose of this kind is Social Therapy, or Social Psychiatry, or Sociatry if this abbreviation is preferred.

Social therapy may be a new and indeed embryonic branch of medicine; but those who practise it in books—for its vehicle of therapeutic enlightenment is the written rather than the spoken word—believe in its future, and even look to it for the salvation of mankind from self-destruction.

Dr. Benedek's concluding paragraphs show that she fully shares these ambitious aims. But her immediate objectives are practical and limited. She is concerned with the specific problem of the readjustment of the individual to the many and varied changes in his social environment brought about by the war. Moreover, she addresses herself to a specific audience of social workers, clergymen, teachers and general practitioners in medicine, that is to say, to all those who, while not themselves necessarily psychiatrists, may have to deal professionally with these readjustment problems.

Its reception by psycho-analysts will depend to some extent on the school to which they belong. Those who adopt Melanie Klein's views on primary aggression and the early depressive and persecutory anxieties aroused will miss these and other important unconscious themes, especially in the initial chapters on development. But all will appreciate the purpose of the book and the tone of sympathetic yet dispassionate understanding it maintains. Moreover, the field Dr. Benedek has chosen has been systematically and competently handled—if mainly at a preconscious level—and with consistent regard for the requirements of her chosen audience. Her book is certainly well calculated to increase their insight and their sympathy without arousing their resistances, and so to do much to help them in solving, both auto- and alloplastically, the many problems of maladjustment with which they have to deal.

R. E. Money-Kyrle.

BOOKS AND PERIODICALS RECEIVED

[*Appearance in this list does not preclude subsequent notice.*]

A. BOOKS

Handbook of Correctional Psychology. Edited by Robert M. Lindner and Robert V. Seliger. (Philosophical Library Inc., New York. 1947. Pp. vi + 691. Price, $10.)

War Sadism and Pacifism (*Further Essays on Group Psychology and War*). By Edward Glover. (Allen & Unwin. 1947. Pp. 292. Price 9*s.* 6*d.*)

The Doctor of Magic. By Frank Dean. (Press of James A. Dicker, Prairie City, Ill.)

Suicide and the Meaning of Life. By Margarethe von Andics, Preface by Cyril Burt. (Hodge. 1947. Pp. xv + 219. Price, 8*s.* 6*d.*)

The Cultural Background of Personality. By Ralph Linton. (Kegan, Paul. 1947. Pp. xii + 102. Price, 10*s.* 6*d.*)

Dynamic Motion and Time Study. By James J. Gillespie. (Paul Elek. 1947. Pp. 94. Price, 7*s.* 6*d.*)

The Metamorphosis of Philosophy. By J. O. Wisdom. (Cairo: Al Maaraf Press. Pp. vii + 124.)

Conception of Modern Psychiatry. By H. S. Sullivan. (William Allinson White Psychiatric Foundation. Pp. vii + 124.)

Sigmund Freud, an Introduction. By Walter Hollitscher, edited by K. Mannheim. (Kegan Paul. 1947. Pp. viii + 161.)

The Psycho-Analytic Study of the Child. Vol. II. (Imago Publishing Co. 1947. Pp. 424. Price, 10*s.* 6*d.*)

The Objective Method of Dream Interpretation. By Major Satyanand. (1947. Pp. xv + 255.)

Free Art Expression of Behaviour Problem of Children and Adolescents as a Means of Diagnosis and Therapy. By Margaret Naumburg. (Nervous and Mental Disease Monographs. Pp. viii + 225. Price, $2.50.)

B. PERIODICALS

Psychoanalytic Review.

Revista de Psicologia General y Aplicada.

Semiksa.

OBITUARY

ELLA FREEMAN SHARPE

An Appreciation

Psycho-analysis is a young science and those who have proved their greatness through their contributions to psycho-analysis are few in number. Freud himself with the epoch-making character of his work is perhaps too close to us to make it possible to pay adequate tribute to those who have followed him.

During the last year the International Psycho-Analytical Association has lost three of its most valued members who were each in their individual ways unusually gifted exponents of psycho-analysis. I refer to Otto Fenichel, Hans Sachs and Ella Freeman Sharpe. Much has already been written about Fenichel and his book on *The Theory of the Neuroses* will be studied by students of psycho-analysis for many years to come.

Hans Sachs and Ella Sharpe were not doctors of medicine and the contributions which they have made have much in common. They approached the study of psycho-analysis with a specialist's knowledge of literature, poetry and drama, and an insatiable interest in the human mind.

Their contributions to psycho-analysis could not have been made by those who in taking up a medical career, are bound to spend years concentrated on the study of physical medicine. The work of such distinguished analysts without medical qualifications reveals the immense importance of psycho-analysis not only to medicine but also for the understanding of all human problems.

Ella Sharpe was one of those who grasped the significance of psycho-analysis as soon as she became acquainted with Freud's work. Circumstances influenced by the early death of her father demanded that she should care for her mother and sisters rather as an eldest son might have done. She was born near Cambridge in 1875, and was educated in Nottingham. After three years at Nottingham University she gave up an opportunity of going to Oxford University in order to help support her family. She became English mistress and co-head with a man of the Hucknall Pupil Teachers Training Centre for boys and girls between the ages of fifteen to eighteen years. She held this position from 1904–16. The nature and value of the work which she did during this period of her life is illustrated in the large number of letters received after her death from former pupils, many of whom had not seen her for thirty or forty years. A Professor of Economy writes : ' my sadness is as deep to-day as it would have been forty years ago. Every bit of that time is as vivid in my mind as if it had happened yesterday. Miss Sharpe had a unique place in my memory and in my life. She was always there '—many men and women of all classes wrote in the same way, describing the influence she had had on them because of her exceptional ability to enter into their adolescent problems.

In 1917 she gave up her teaching position and came to London to study psycho-analysis at the Medico-Psychological Clinic, Brunswick Square. Although it might be assumed that the change of profession meant radical changes in her attitude to life and people, a deeper knowledge of the relationship between the two periods shows that the second was in continuity with the first in so far as it enabled her to develop her interest in and understanding of human emotional problems by means of psycho-analytical training and experience. In 1920 she went to Berlin to be trained by Hans Sachs and continued her personal analysis with him in the holiday summer months for several years. In 1921 she was elected an associate member of the British Psycho-Analytical Society, and a member in 1923.

Her work in connexion with psycho-analysis can be regarded from two main aspects.

There were her original papers on the psycho-analytical interpretation of art and the artist, and her work as a training analyst which included an appreciation of the contributions of psycho-analysis to education in general. In 1923 she read a paper entitled ' A Psycho-Analytical Appreciation of the Life and Work of Francis Thompson '. This paper can be regarded as an indication of the direction of her main interest and original work which resulted in the presentation of a paper at the Oxford Con-

gress in 1928 entitled 'Certain Aspects of Sublimation and Delusion'. In this paper she puts forward the hypothesis that art is a sublimation rooted in the primary identification with the parents. That identification is a magical incorporation of the parents, a psychical happening which runs parallel to what has been for long ages repressed, i.e. actual cannibalism.

Those who were present at the Oxford Congress may remember the occasion on which this paper was presented.

Ella Sharpe's appearance and personality could not be separated from the paper which she was presenting. She was capable of being a great actress if other things had not interfered. On this particular occasion she wore a soft brick-red dress; her dark hair and dark eyes, and rather dark complexion were thrown into relief by the warm colour. She was tense, because the paper was not an intellectual communication but a living thing to which she was giving birth. Her hands which were mobile and slender at that time, were alive as if electrified. I have known members of an audience to be disturbed by Ella Sharpe's delivery of a paper because her whole personality and body were involved in the presentation. She had no self-consciousness, although a casual observer might say she was nervous. The apparent nervousness belonged to the tension aroused by the importance to her of the event which was taking place, and not to fear of criticism or lack of belief in the content of her paper. Following up the work which she presented in the Oxford paper she wrote a second entitled 'Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science'. This was read at the Lucerne International Congress.

Her interest in the psychological significance of art lead her ultimately to the study of the psychology of the greatest British artist, William Shakespeare, as evinced in his plays.

Ella Sharpe knew Shakespeare's plays in the same way as a devoted priest knows his Bible. She had this knowledge in common with her analyst Hans Sachs. A few years before her death she began working on *King Lear* and *The Tempest*, and read a paper to the British Psycho-Analytical Society in 1946.

In this paper she reconstructs Shakespeare's early life from the events in the plays. It is an original approach and throws much light on the unconscious significance of the action in the plays. It is of considerable interest to note when studying the course of Ella Sharpe's psycho-analytical interest that in her early work the *focus* [1] of unconscious phantasy and in the later stages she saw with peculiar clarity the repetition in different phases of life of infantile experiences. The latter aspect of her work is shown particularly in her analysis of Shakespeare's plays.

During the last two years of her life it seemed as though she could not deal quickly enough with the many ideas that were crowding into her mind. It is unusual for the mind at the age of seventy to be flooded with material which was largely original in character. If she had lived longer she would have revised her paper on *King Lear* and she was doing fresh work on Shakespeare's *Hamlet*.

The other aspect of her psycho-analytical work arose from her unusual capacity to teach. This capacity had been put to the test before she trained as an analyst.

From 1929 to the day of her death she was playing a prominent part in the training of analysts. In earlier years she undertook more training analyses than any other analyst in England. Her practical seminars were of an unusual quality as she used unconsciously her acting gifts and could reproduce a session with a patient in an unique way, with the result that the technique and the picture of the patient were seldom forgotten by the students.

Ella Sharpe's vivid appreciation of human life and human activities made her an ideal companion to travel with. Journeys to various continental places for a Congress were full of interest because of her enjoyment in seeing beautiful things, her pleasure in pictures and her desire to see people in new surroundings. She was never bored or disturbed and always able to cope with the unexpected.

She spent the first year of the war in the country and returned to work partly in London in 1940, and finally altogether in 1941. During the last three years she experienced all the discomforts and dangers which those who remained in London had to face. The interferences with sleep and war diet played a part in increasing the tendency to heart failure which was responsible finally for her death.

During the last few months she preferred to continue her work rather than take the rest which might have prolonged her life, but would not have restored her physical health entirely. She was writing energetically all through the last year. She had planned a book on the teaching of psycho-analysis and had completed the first chapter. She was engaged also on a novel which will be published as soon as possible.

There was no sign of diminution of her mental capacity, on the contrary her mental vigour seemed to increase whilst her physical energies began to fail. It is perhaps for this reason that those who were in close contact with her experienced a profound sense of loss at the time of her death, but paradoxically could recapture what she stood for owing to the character of her psychical relationships.

During the years in which she worked as a psycho-analyst she not only wrote a number of papers but also a book on *Dream Analysis* which was pub-

[1] The *focus* of attention was on the dynamic importance of unconscious phantasy.

lished by the Hogarth Press and Institute of Psycho-Analysis. She gave also a number of lectures to educational and other bodies which were not published. Her work and her personality have left impressions which will remain part of the early history of the development of psycho-analysis.

Sylvia M. Payne.

LIST OF PUBLICATIONS BY ELLA FREEMAN SHARPE

1923. Chapter VI, 'Vocation'—*Social Aspect of Psycho-Analysis*, Williams and Norgate, London.

1925. 'A Psycho-Analytical Appreciation of the Life and Work of Francis Thompson', *The British Journal of Medical Psychology*, Vol. V, 1925.

1927. 'Symposium on Child Analysis', *Int. J. Psycho-Anal.*, Vol. VIII.

1929. 'The Impatience of Hamlet', *Int. J. Psycho-Anal.*, Vol. X.

1929. 'Certain Aspects of Sublimation and Delusion' (Read at the Eleventh International Congress of Psycho-Analysis), *Int. J. Psycho-Anal.*, Vol. XI.

1930. 'The Technique of Psycho-Analysis', *Int. J. Psycho-Anal.*, Vols. XI, XII.

1933. 'Similar and Divergent Unconscious Determinants Underlaying the Sublimations of Pure Art and Pure Science', *Int. J. Psycho-Anal.*, Vol. XVI (Read at the Thirteenth International Congress at Lucerne).

1937. *Dream Analysis*, The International Psycho-Analytical Library. (Published by the Hogarth Press and the Institute of Psycho-Analysis.)

1940. 'Psycho-Physical Problems Revealed in Language: An Examination of Metaphor', *Int. J. Psycho-Anal.*, Vol. XXI.

1942. 'Cautionary Tales', *Int. J. Psycho-Anal.*, Vol. XXIV.

1945. 'What the Father means to a Child', *New Era*, Vol **26**. No. 7.

1946. 'From *King Lear* to *The Tempest*', *Int. J. Psycho-Anal.*, Vol. XXVII.

JOHN B. SOLLEY

Dr. John B. Solley, who was a life member of the New York Psychoanalytic Society, died in St. Luke's Hospital, on March 3, 1947, at the age of seventy-two years. He was born at Newark, New Jersey, on March 15, 1875. After receiving his degree in 1898, he specialized in medicine in the Ear, Nose and Throat Department. He became interested in the emotional factors in disease, and in 1922 became a member of the New York Psychoanalytic Society.

Those of us who had the privilege of knowing him during his many years of membership in our Society were warmed by his mild gracious manner and sincere kindness. He was devoted to the Society and, though for many years in poor health, he always attended the meetings.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

The regular Reports from Societies and Institutes will be published in full in 1948. In the meantime members will be interested to learn of the foundation of a new Psycho-Analytic Institute in Amsterdam.

DUTCH PSYCHO-ANALYTICAL SOCIETY

(Nederlandsche Vereeniging voor Psychoanalyse)

Opening of an Institute

In May, 1946, Dr. Hans Lampl and Dr. Jeanne Lampl-de-Groot proposed the scheme of founding a Psycho-Analytical Institute and Clinic; nearly all members co-operated enthusiastically and already in September, 1946, a temporary Institute was opened. Since then new premises were found which are much better suited for the purpose. We are very grateful for the friendly help and assistance given by the colleagues of America, England and France, especially to the library of the Institute.

The Institute was opened in a meeting of the Society on October 25; more than fifty members, associate members and training candidates were present; among them Dr. van Emden, one of the founders of our Society, while Dr. A. Stärcke, another founder, sent his congratulations by wire. Miss Anna Freud had come from London to give the opening lecture on the subject of 'Variations of Psycho-Analytic Technique.'

The address of the Institute is: J. W. Brouwersplein 21, Amsterdam Z.

H. A. van der Sterren,

Secretary.